3868-

CERTIFICATE OF DEATH

Reg. Dist. No.

03803

	1. PLACE OF DEATH O. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Anne Arundel
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	c. CITY OR TOWN (If outside corporole limits, write RURAL and give nearest lown) Annapolis
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Anne Arundel General Hospital	d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO (\sum \)
- F	3. NAME OF First Middle DECEASED (Type or print) Nellie	Lost 4. DATE Month Day Year OF DEATH April 16 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost pirthdoy) 74 yrs. November 24, 1886 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	Maryland U.S.
X	13. FATHER'S NAME	Hester Matthews
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (It yes, give wor or dates of service)	ida Stalker-annapolis, md.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stating the under-lying couse lost.	rogenic type Interval Between onset and Death 5 days
	Hypostatic pneumonia	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter noture of injury in Port 1 or Port II of item 18.)
	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	alive an Apr. 15, 19 61, and that death ACTUAL SIGNATURE PHYSICIAN'S APRICA TO ARION M. D.	, , 1961, to Apr. 15, 1961, that I last saw the decease accurred at 2:30A. M, from the causes and an the date stated above ADDRESS (Street, city or town, state) M.D. 62 Cathedral St., 4/17/61 Annapolis, Md.
-	220. BURIAL CREMATION, 22b. DATE THEREOF 220-MAME OF CEMETERY OF LEMOVAL (Specify) 4 - 2 0 - 61 Sulvels	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b/REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 24b/REGISTRAR'S SIGNATURE CIVILIAN S Knaus

D FUNERAL DIRECTOR: After mis certificate has been signed by the attending physician and completely filled in by the funeral ditaction page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaral, and in any event within 72 hours after death. may be retained by the has VS A15 (4) 15M 9/55

HYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

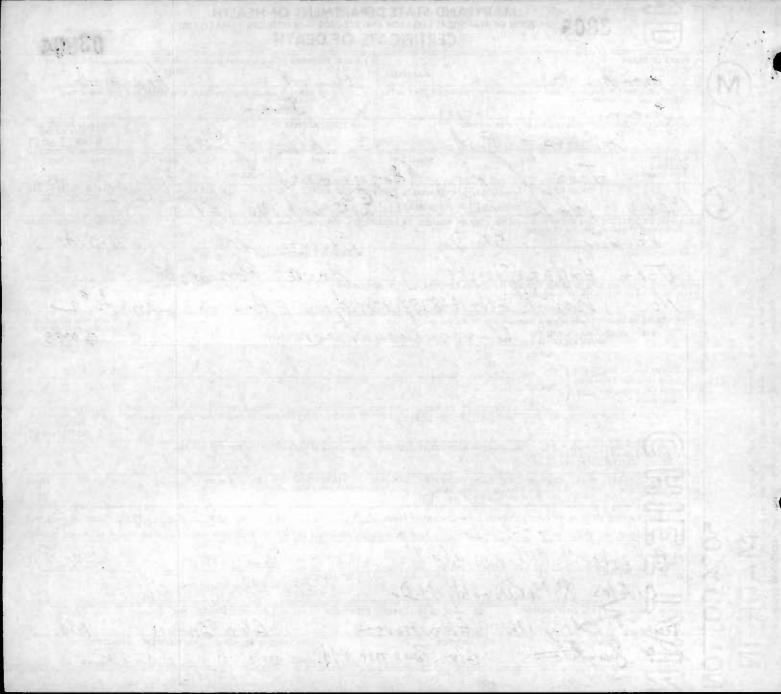
TO HOSPITAL OR ATTENDIN

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VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH O. COUNTY Anne Arunde	MARYLAND	2. USUAL RESIDENCE (Where de	b. COUNTY	ence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY of TOWN (If outside	corporate limits, write RURAL and	d give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	Poed	d. STREET ADDRESS Helleves	+ Road	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Tohn First	Indrews And	Last 4. D.	ATE Month FEATH	Day Year 29 1941
S.	SEX Yale 6. COLOR OR RACE 7. MAR WIDOW		8. Ofte of BIRTH 27th Merch 1910	9. AGE (In years left UND) Nonths Yrs.	ER 1 YEAR IF UNDER 24 HRS Days Hours Min.
L	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	Severn,	pign country) 12. C	U-S-A-
	John Andrzeje	wski	Anna J	Pory mski	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. s. no, or upknown) (If yes, give wor or dates of service)	18-14-8299 /	As. Agnes F. An	Arews - Sam	eAs \$2
	18. CAUSE OF DEATH [Enter only one couse per l PART I. DEATH WAS CAUSED 8Y- IMMEDIATE CAUSE (a)	ine for (0), (b), and (c).] ARCINONIA	+ Rectury		ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying couse lost.				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	isease condition given in Pa	PERFORMED?
L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I o	or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. 19 While of wo	Not while for	ACE OF INJURY (Home, farm, 20f ctory, street, office bldg., etc.)	. (City or tawn)	(Caunty) (State
	21. I certify that (I) (this haspital) attensaw the deceased alive an 4-28-	11	JA/Y 196/, death accurred at 128M, f	/ /	(L), that (I) (we) las
	220. SIGNATURE P. Mach	anald MIL	M.D. PHYS. MED. DIRECTO	R PHYS.	4-24-61
	Charles R. Mar Do	rald, M.D.	22d. ADDRESS	Burnie Mu	<u> </u>
	a. BURIAL, CREMATION, 23b. DATE THEREOF REHOVAL (Specify) 2 May 1961	6/en Have	- G	LOCATION (City, town, ar county	Md.
24.	FUNERAL DIRECTOR'S SIGNATURES	Glen Burr	ne 144 DATE MAY 2		S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH

2210

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	CERTIFICATE OF	DEATH	1138115
1	1. PLACE OF DEATH O. COUNTY HONE ARYNDEL MARYLAND 2. USUAL R O. STATE	ESIDENCE (Where deceased lived. If institution: Residence b. COUNTY A.A.	befare admission)
7	b. CITY OR TOWN (If autside carporate limits, write RURAL end give nearest tawn)	DR TOWN (If autside carporate limits, write RURAL and give	nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR NURSING HOME 134	TADDRESS EAST ST	e. IS RESIDENCE ON A FARM? YES NO
3.	3. NAME OF DECEASED (Type or print) MARY ALBERTA AUR	Lost 4. DATE Manth OF DEATH	Day Year 196/
5.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF B WIDOWED DIVORCED 4-5		YEAR IF UNDER 24 HRS Bys Haurs Min.
10	10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) HOUSEWIFE HOME	HPLACE (State or fareign country) 12.CITIZE	S-
	WILLIAM STINCHEOMB	ALESIA STALLIN	195
15 (Y	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT	Address	
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCIEROTIC A		INTERVAL BETWEEN ONSET AND DEATH
1	Canditians, if any, which (b)		
	gave rise to immediate cause (a), stating the under-lying cause last.		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED) TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at wark at wark at wark		nty) (State)
	21. I certify that (I) (this hospital) attended the deceased fram. Jan. 1861, and that death accur	red at, M, from the causes and an the c	
	22a. SIGNATURE Back M.D. ATTENE PHYS.	DING MED. STAFF PHYS.	22b, DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) EDWARD S. BECK 23	B Franklin St anna	holis med
23	230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 4-17-61 CEDAR BLUE	IF HUNAPOLIS	MD-
7	2). FINERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE Kraug

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hosp or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors. After this certificate has been signed by the attending physician and completely filled in by the funeral directors as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar remaval, and in ony event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3811

CERTIFICATE OF DEATH

Reg. Dist. No.

03806

1. PLACE OF DEATH a. COUNTY	Anne Aru	ndel	MARYL		a. STATE Mar	(Where deceo	sed lived. If instit b. COUN	utian: Residen	ce before Arur	odmissi ndel	ion)
b. CITY OR TOWN (IF RURAL and give need Annapoli	rest lown)	its, write c.	LENGTH OF STAY IF	V 16	c. CITY OR TOWN	l (If outside cor apolis	porote limits, write	e RURAL and (give near	est town)
d. NAME OF HOSPITA OR INSTITUTION Anne Arunde]					d. STREET ADDRE	ss 6th S	t.		e.		DENCE FARM? NO
3. NAME OF DECEASED	Fid	rst	Middle		lost	4. DATE	. A	Aanth	Doy	1	l'ear
(Type ar print)	Fran	k	1		BALL	DEAT	ADIT		10		1961
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. I	DATE OF BIRTH		9. AGE (In year lost birthdo)	() Months	Days	Hours	R 24 HRS. Min.
Male	White	WIDOWED	N DIVORCED		January 2	6, 1898		rs.	Days	Hours	Min.
CAShier	N (Give kind of work ng life, even if retired	1 19.	ND OF BUSINESS OR		Mary	land	country)	12. CIT	U.S		COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIL		ynch				
15. WAS DECEASED EVER (Yes, no. or unknown) (II	IN U. S. ARMED FOR Fyes, give year or dates of s		CIAL SECURITY NO. 0-09-5869	HOST	ORMANT RECO	Is-AH	0 0 1.	ddress ANN	AGLI	5- 1	nd
Conditions, if on gave rise to im couse (o), stoting the tying cause lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO y, which mediate	, Bîla , Ceul	that b	one	bopurune branboxí	ina 1				T all	
3 cluterfu	er significant con	weten	; diabr	ty	melitu	<u></u>		GIVEN IN PAR	1	PERFO	RMED?
	CAUSE OF DEATH		BE HOW INJURY OC								
ZOc. TIME OF INJURY Hour a. m. p. m.	19	While at wark [Nat while at wark	factor	OF INJURY (Hame y, street, affice bldg	., etc.)			Caunty)		(Stote)
ACTUAL SIGNATURE	John L. He	., 12.61 w/w edeman	from Mar. 8	death o	. 121 Anna	OOP.M. fro ADDRESS Cathedr	(Street, city ar tow	s and an th		e state	ed above ATE SIGNEI L1/61
23. FUNERAL DIRECTOR'S THOMAS J.	SIGNATURE /	ve 160	ADDRESS // INL	sdr		REC'D BY REG		GISTRAR'S SIC			

IYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page D FUNERAL DIRECTOR: After Tark certificate has been signed by the attending physician and campletely filled in by the funeral director as should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING may be retained by the hasp

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3812

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03807

	C - C - C	CERTIFICA	IE OF DEATH			l	10001
1. PLACE OF DEATH			2. USUAL RESIDENCE (Wh	ere deceased liv	ed. If institution	n: Residence be	fare admission)
o. COUNTY	e Arundel	MARYLAND	a. STATE		b. COUNTY	A //	undel
	(If outside corporate limits, wri	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a		limits, write RI	2444	
RURAL and give	nearest town)	2 days	X Breeklyn			9.00	
Annapo	ITAL (If nat in haspital, give str	1	d. STREET ADDRESS	HATEHOR			e. IS RESIDENCE
OR INSTITUTION			1 406 Rugby	Ave.			YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mont		Day Year
(Type or print)	Irene	R.	Bauer	DEATH	Apri	11 28	19 61
SEX		AARRIED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years		R IF UNDER 24 HR
Female	White WID	OWED DIVORCED	Nov. 15. 188		72 yrs.	Manths Days	Hours Min.
. USUAL OCCUPAT	ION (Give kind af wark dane	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign count	try)	12. CITIZEN	OF WHAT COUNTRY
	erking life, even if retired)		German	าซ		U.	S
B. FATHER'S NAME			14. MOTHER'S MAIDEN N			0.	•
	Kelbe		Unknown				
	YER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	NFORMANT		Addr	act	
Yes, no. or unknown)	(If yes, give wor or dates of service)		s. Betty Shub	a	Same	634	
18. CAUSE OF DE	ATH [Enter only one couse p	er line far (o), (b), and (c).]					TERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	Heyli los	de trassimo			O	NSET AND DEATH
11011	IMMEDIATE CAUSE (o)	7 4	and framen	u			100000
77//	DUE TO						
Conditions, if							
cause (a), stating							
lying cause lost							
PART II. O	THER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM				19. WAS AUTOPSY PERFORMED?
PART II. O	ventirule pri	iler du li cerny	derease 2	Mule	le Mel	liti	YES NO
20a. ACCIDENT V	VAS UNDERLYING 206.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II	of item 18.)		
(IF EITHER, NOTIF	G CAUSE OF DEATH						
20c. TIME OF INJU	JRY Month, Day, Year 20		ACE OF INJURY (Home, farm		town)	(Count	y) (State
Hour o. m	. W	hile Not while far	ctary, street, affice bldg., etc	.)			
	. ui	wark at wark	9/1/	4	11/90	11	
21. I certify th	nat (1) (this haspital) latt	ended the deceased fram		07_ , .ta	7/20		that (I) (we) las
	ased alive an 4/2	19_61 and that a	death accurred 210	M, fram th	e dauses an	d on the da	te stated abave
22a. SIGNATURE)		ATTENDING _ M	FD.	STAFF	1	22b. DATE SIGNE
4	mayor bluve	l -	M.D. PHYS.	ED. IRECTOR	PHYS.	4/24/	61.
22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS		7-01-7	// /	
(1)	CEN WOU	CHUNCH.	121	Hille	11/12	STA	FRAMPOLIS
3a. BURIAL, CREMAT		23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATIO	N (City, town, c	or county)	(Stote)
REMOVAL (Specif Burial	May 2, 1961	Mt. Olivet Ce	matery	Balti	mere, M	arvland	
4. FUNERAL DIRECTO		ADDRESS		D BY REGISTRA		TRAR'S SIGNAT	TURE
		Ol Mitchie Hwy.	(25) DATE MA			11 . 0 4	

TO HOSPITAL OR ATTENDING TSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directory. After this certificate has been signed by the attending physician and campletely filled in by the funeral directory. Page 3 shauld be detached far use as the burial-transit permit. Then please remove corbon popers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremotian, ar remayal, and in any event, within 72 hours after death. SICIAN: The law requires that the death certificate be executed within 24 hours after death. VR A1S (4) 1SM 9/59

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Sharrol	Surial New 2, 1981 No. Ottons No. of the Contract of the Contr	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) a. COUNTY oould be executed within 24 hours after death. If any delay is necessary, "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. burial-transit permit. File pages 1 and 2 with the State Board of Health, moval, and In any event within 72 frours, after death. a. STATE b. COUNTY Anne Arundel MARYLAND Anne Arundel Marvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Pasadena Pasadena d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? Oaklane, Pine Havens YES NO Oaklane, Pine Havens NAME OF Middle DATE Day Year DECEASED OF (Type or print) DEATH 1961 BERTAMINI April MICHAEL DENNIS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 20 AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Hours WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U.S.A. Baltimore, Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Bertamini Clara Cavanaugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yes, no, or unkown) | (If yes give war or dates of service) Mr. and Mrs. M. Bertamini (parents) None This certificate should be executed 1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute laryngitis with occlusion of rima glottis IMMEDIATE CAUSE (a) due to swelling of vocal cords DUE TO removal, Acute pneumonitis "pending" gave rise to immediate cause Medical Examiner's DUE TO (a), stating the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion DEPUTY MEDICAL Undetermined manner Accident Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) 0 0 D40 secus 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I VS. A15ME 1 4 '61 arthur & Krous 5M 7/59 DATE

I have been a first that the second of the s 20880 In Talling Pine Bryent agerments and Tale THE COURT (expressed talescents in the transfer of the second to the · II. Page S. E. Bereit Co.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3814

CERTIFICATE OF DEATH

113809

0044				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution b. COUNTY	ns Residence before admission) Anne Arundel
b. CITY OR TOWN (If autside carporate limits, we RURAL and give nearest town) Millersville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Pasadena	utside corporate limits, write RL	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION Knollwood Manor, I	street address)	d. STREET ADDRESS Route 2, B	ox 10 /	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) NICHOLAS	Middle BI	ASZCZAK	4. DATE Mont OF DEATH April	Day Year 21, 1961
	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH 12/6/1873	9. AGE (In years last birthday) 87 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	106. KIND OF BUSINESS OR INDU Self-Employed		or foreign country)	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Thomas Blaszczak		Sophie	??	
5. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no. or unknown) [(If yes, give wor or dates of service		NFORMANT	, . Addr	" Pasadena, M
No -	None Mr	s. Alvina Bl	aszczak, Rout	te 2,Box 10
gave rise to immediate couse (a), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITION	IONS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO >
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	Part E or Part II of item 18.)	120 100
Hour a.m.		ACE OF INJURY (Home, form, ctary, street, office bldg., etc.		(County) (State)
21. I certify that I attended the de alive on alive 15	1.		M, from the causes a ADDRESS (Street, city or lown, TAM Rd Pa	rsadena 4/2/1
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 4/25/61	22c. NAME OF CEMETERY C		23d. LOCATION (City, 13 acc.) Baltimore.	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE M. F. SADOWSKI & SONS	,1808 Eastern		BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE

may be retained by the hosp protending physician.

D. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING may be retained by the hosp TO FUNERAL DIRECTOR: After VS A15 (4) 15M 9/55

HYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

2215

CERTIFICATE OF DEATH

03810

	90.10	CERTIFICA	TIL OI DEATI			Reg. Dist. No.	OUCE
1. PLACE OF DEATH o. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryla		ved. If institution b. COUNTY	on: Residence befor	
b. CITY OR TOWN (I RURAL and give no Annapo		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate polis	e limits, write RU	JRAL and give nea	rest town)
OR INSTITUTION	AL (If not in hospitol, give street on a Company of the street of the st		d. STREET ADDRESS	dree Ave	e .		ON A FARM? YES NOX
3. NAME OF DECEASED (Type or print)	First Cora	Middle	Lost BOOTH	4. DATE OF DEATH	Moni April		
5. SEX Female	6. COLOR OR RACE 7. MARRI White WIDOWE		8. DATE OF BIRTH 7-25-188	30 9.		IF UNDER 1 YEAR Months Days	
during plost of world	DN (Give kind of work done 10b. sing life, even if retired)	HOME	Kentuc	ky	itry)		F WHAT COUNTRY
13. FATHER'S NAME	other CHA	APMAN	14. MOTHER'S MAIDEN I	VAME !!			
	R IN U. S. ARMED FORCES? 16. :	11	RS. JAHIE	Kui	94+ Addr	*** 7 2	_
PART 1. DEA 5 2 6 Conditions, if a		numn	u'aui				RVAL BETWEEN ET AND CHATH
gove rise to i couse (o), stoling lying couse lost.		ONTRIBUTING TO DEATH BUT	NOT DELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART I(o) II	9 WAS AUTOPSY
of an	timorele	CRIBE HOW INJURY OCCURRE	Ď.				PERFORMED? YES NO
	MEDICAL EXAMINER)		ACE OF INJURY IHome, form			(County)	(Stote)
20c. TIME OF INJUR Hour a. m. p. m.	While		ctory, street, office bldg., etc		Town	(Coomy)	(31016)
21. I certify the alive anAr Artual SIGNATURE	rail 20, 196		occurred atl2:45	P.M. fram 1 ADDRESS (Street	the causes a et, city or town,	nd on the dat	
720. BURIAL, CREMATIC REMOVAL (Specify)		22c. NAME OF CEMETERY OF	Annapolis		Land Ny (City, town, o	or county)	Store) A
23 FUNERAL DIRECTOR	a for + fors (ADDRESS Sunopole		D BY REGISTRA		STRAR'S SIGNATUR	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page moy be retained by the hosp. It attending physician.

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	THE RESIDENCE OF THE PARTY OF T
	TOTAL BURK EV IN MATERIAL AVE
The live of the li	of the second of
	E Park ear mount
The second secon	
en de la companya de La companya de la companya de	
The boundary of the first and the second of	
CF C	

FOR STATE TO DEPUTY MEDICAL EX TINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your ress. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heath, or its designated agent, prior to burial, cremation, or removal, and in any form within 72 hours after death.

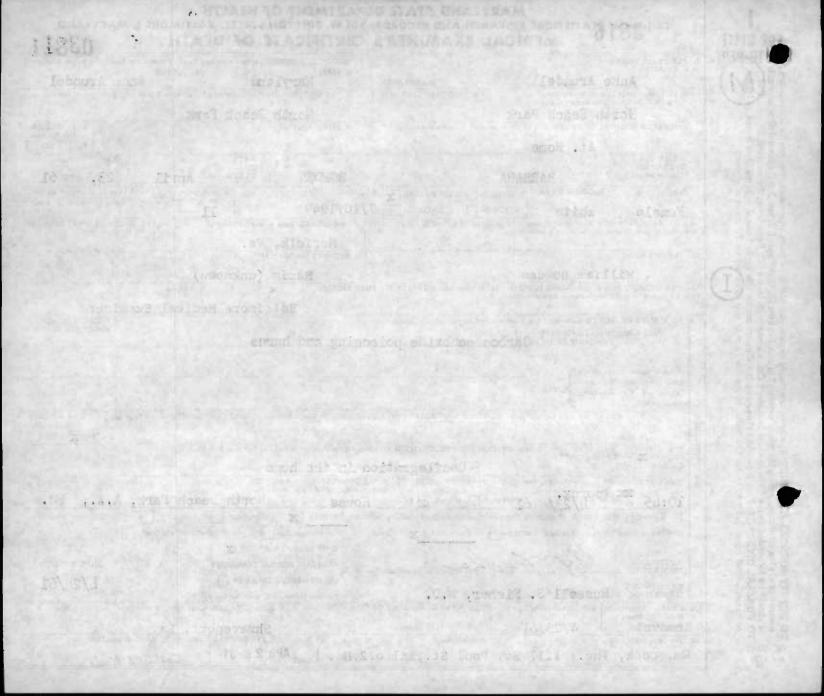
VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH

Division of Statistical Research and Records, 301 w. Preston Street, Baltimore 1, Maryland

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13811

1. PLACE OF DEATH			2. USUAL RESIDE	NCE (Where dec	eesed lived, If	institution: Resid	dence before edmission
	Arundel	MARYLAND		rland	b. COUN	Anne	Arundel
write RURAL end s	outside corporete limits, live neerest town) h Beach Park	c. LENGTH OF STAY IN 16	Nort	t (If outside corpor h Beach		RURAL end gi	ve neerest town)
d. NAME OF HOSPITA	At. Home	n hospitel, give street eddress)	d. STREET ADDRES	S			ON A FARM?
3. NAME OF	First	Middle	Last	4. DATE	Month	D	ey Yeer
(Type or print)	BARBARI		BOWDEN	OF DEATH	Apri	The second secon	23, 1961
5. SEX Female		THE TEN MARKIED T	9/10/1949	9.	AGE (In years last birthday) 11 yrs.	Months Dey	
10e. USUAL OCCUPATION done during most of work		Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Ste		try)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDE				
Wil:	iam Bowden		Mar	ia (unkno	own)		
			INFORMANT		Address		
(Yes, no, or unkown) (Ify	esgive weror detes of service)		Rs	altimore	Medica	1 Exami	ner
PART I DEATH	WAS CAUSED BY.	per line for (e), (b), and (c).] bon monoxide pois	soning and h	ourns			INTERVAL BETWEEN ONSET AND DEATH
916.0	DUE TO						
Conditions, if eny,	10/						
gave rise to immediate (e), steting the un-	DUE TO						
ceuse lest.) (c)						
PART II. OTHER :	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE C	ONDITION GIV	'EN IN PART 1(e	19. WAS AUTOPSY PERFORMED?
		ESCRIBE HOW INJURY OCCURED. (Conflagration			tem 18.)		
3 20c. TIME OF INJUR		20d. INJURY OCCURRED 20e. PL/	CE OF INJURY (Home, fa		or fown)	(County)	(Stete)
10:45 p.m.	ipprox. 61 61	While Not While twork twork et work	House		Beach 1	Park, A	.A., Md.
21. I certify tha	t I took charge of the	remains described above, he	eld an Autopsy 🗶.	Inspection	, Inquir	у 🔲, а	nd in my opinion
death resulted fr	om: Natural causes	Accident Suic	ide , Homicid		etermined m	nanner	
ACTUAL	RM	.0./	A SSISTANT M	L EXAMINER X			DATE SIGNED
SIGNATURE	1801-1	she -	M.D.	CAL EXAMINER			4/24/61
NAME (Type) 22a. BURIAL, CREMATION	Russell S. Fi	sher, M.D.		t, city, town, or co		, or country)	(State)
REMOVAL (Specify) Removal	4/25/61	250 TOWNS OF SEMERITOR			port, L		
23. FUNERAL DIRECTOR	+/23/01	ADDRESS	24e. R	REC'D BY REGISTR			ATURE
	Inc., 1217 St	. Paul St., Balto	.2, Md. DATE	APR 2 6 '61	a	rthur 2 H	



FOR STATE

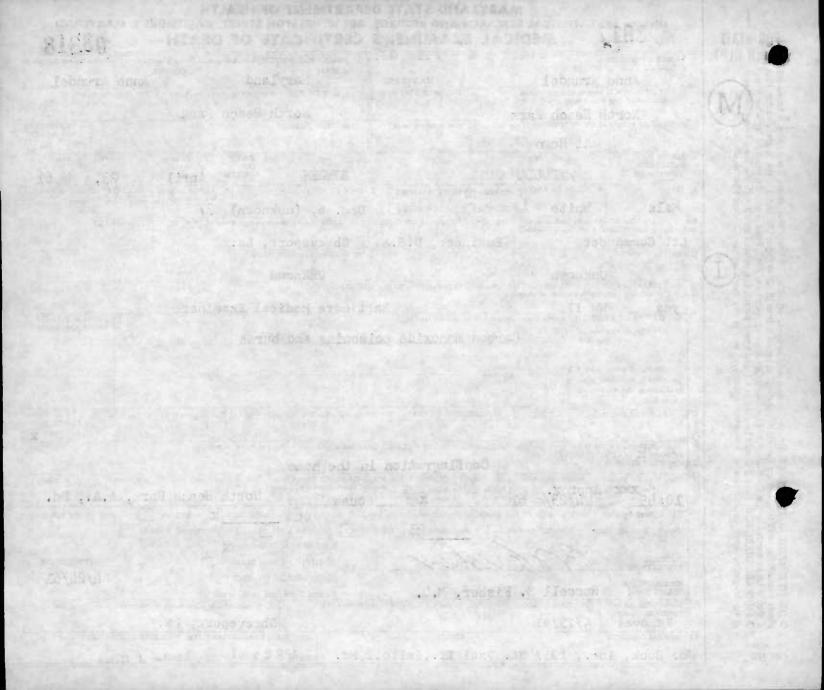
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5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13818

1. PLACE OF DEAT	H It	ems 5 8	y Flim G	2. USUA		CE (WWolf da	b. COUN	institution: Rasid	anca before	e dmission)
Ann	e Arundel		MARYLAN		Mary	land	5. 0001	A	runde	1
	(if outside corporate lim d giva neerast town)	its, c	LENGTH OF STAY IN	1b c. CITY	OR TOWN (If outside corpo	orete limits, writ	RURAL end giv	a naarest tov	wn)
Nor	th Beach Pa	rk				h Beach	Park			
d. NAME OF HOSP	ITAL OR INSTITUTION	(if not in hospita	l, give street eddrass)	d. STRE	ET ADDRESS					RESIDENCE A FARM?
	At Home									NO [
3. NAME OF DECEASED	First		Middle	La	st	4. DATE	Montl	n Da	y Yas	ar
(Type or print)		AM Bill		BOWI		DEATH	April	2.		- 100
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF B	IRTH	9.	AGE (In years last birthday)	IF UNDER 1 YEA		R 24 HRS.
Male	White	WIDOWED [DIVORCED	Dec.	5, (un	known)	37 yrs.	Months Deys	Hours	Min.
	TION (Give kind of wor orking life, evan if retire		OF BUSINESS OR IND			or foreign cou	nfry 22	12. CITIZEN	OF WHAT	COUNTRY
Lt. Comma			neer, U.S.	A. Shr	evepor	t, La.				
13. FATHER'S NAME					R'S MAIDEN					
	Unknown				Jnknow	n				
15. WAS DECEASED EY	VER IN U.S. ARMED FO		CIAL SECURITY NO.			A.1	Address	3		
10 1001	If yas giva war or detes of:	service)		n - 1 a 1	. v. 11	1 . 17				
yes . 18 Cause or	WW II DEATH Eniar only one	a cause per lina		Baltimor	e Meal	cal Exa	miner		NTERVAL BE	TWEEN
	THE WAS CALLESD BY								ONSET AND	
	IMMEDIATE CAUSE (e)	Carbon	monoxide	poisoning	and	burns		_		
916.0	DUE TO)								
Conditions, if an	y, which) (b))								
gave risa lo immad										
(a), stating that	underlying									
	R SIGNIFICANT COND	ITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED T	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS .	AUTOPSY
은									PERF	ORMED?
5	A1155 MAS	DESCRIPT	HOW BUILDY OCCUP	SD /F-to- ontino	Claires in Do	at Lan Doubli of	11 10 h		YES	NO X
PART II. OTHE	ONTRIBUTING [HOW INJURY OCCUR			II I OF FOR II OF	iiam io.j			
			nflagration							
20c. TIME OF INJ	A	ear 20d. INJ While	URY OCCURRED 20e	PLACE OF INJUR factory, street, of			or town)	(County)		(Stete)
20c. TIME OF INJ Hour XXX 10: 15 p.m.			at work	House		North	Beach	Park, A	.A., M	ld.
	hat I took charge	74	ns described above		psy ,	Inspection	x, Inqui	ry 🔲, ar	nd in my	opinion
death resulted				Suicide	Homicide	, Une	determined n	nanner 🗍		
000111 10001100	10111					EXAMINER X				
ACTUAL	12/2	×	1/1				1.00		DATE SIG	CALID
SIGNATURE_	1100	1 NI	non	M.D.		DICAL EXAMIN		1 5 6		
EXAMINER'S NAME (Typa)	Russell S	. Fishe	er. M.D.			city, town, or			4/24/	01
22e. BURIAL, CREMATI	ON, 226. DATE THER		c. NAME OF CEMETER				ION (City, lowr	, or country)	(Sta	ite)
REMOVAL (Specific Removal)	4/25/61						ort, La			
23. FUNERAL DIRECTO	OR .		ADDRESS		24a. REG	C'D BY REGISTE	AR 246. REC	SISTRAR'S SIGNA	ATURE	1 1 1
Wm. Cook.	Inc., 1217	St. Pau	11 St. Balt	o. 2, Md.	DAAPR	2 6 '61	Cal	hung & the		
		7 7 7 7 7 7			I DYLLES N		- Con	a. Ma	4.4	



FOR STATE LITH DEPT.

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5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3819 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03812

001							U	OOT
1. PLACE OF DEATH	1			2. USUAL RESIDEN	CE (Whare dacass		ution, Residanc	ca bafora admissio
	e Arundel		MARYLAND	a. STATE	land	b. COUNTY	Anne Ar	mindel
	if outside corporate limits		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (
	giva naarast town)				ii oaisiaa corporaia	wind ko	ortz and giva	1021231 10 1111
	th Beach Pa:			North Beac	h Park			
d. NAME OF HOSPIT	TAL OR INSTITUTION (if	nol in hos	pital, giva street address)	d. STREET ADDRESS				a. IS RESIDENCE
	At Home					1		YES NO
NAME OF	First		Middle	Last	4. DATE	Month	Day	Year
(Typa or print)			Catherine Jane		OF DEATH	April	23	, 1961
SEX	6. COLOR OR RACE	. MARRIE	D NEVER MARRIED X B	. DATE OF BIRTH		E (In years IF U		IF UNDER 24 HRS
Female	White	WIDOWE	D DIVORCED	6/1/1962?	last O	birthday) Mor	nihs Days	Hours Min.
	ION (Give kind of work		IND OF BUSINESS OR INDUSTR	Y 11. RIRTHPLACE (Stella	or foreign country)	- 1	2 CITIZEN O	F WHAT COUNTR
	rking life, even if retirad)		Montery,		1	Z. GITIZET O	WINI COUNT
FATHER'S NAME		-		14. MOTHER'S MAIDEN				
Will	iam Bowden			Maria (un	known)			
	ER IN U.S. ARMED FORCE		SOCIAL SECURITY NO. 17. 1	NFORMANT		Address		
es, no, or unkown) (li	fyasgive war or dates of ser	vice)		Baltimore Me	edical Ex	aminer		
IB. CAUSE OF D	EATH [Enter only one of	ause per i	ina for (e), (b), and (c).]					ERVAL BETWEEN
PART I. DEATH	H WAS CAUSED BY:	0					ON	ISET AND DEATH
Que o	IMMEDIATE CAUSE (a)_1	Jaroc	n monoxide poi	soning				
7/6.0	DUE TO						1000	
Conditions, if any	, which) (b)							
gava rise to immadia	ata ceuse							
(a), slating tha un	nderlying						91.03	
causa last.) (c)_		TRIBUTAL TO DELTH BUT LIE					
PART II. OTHER	SIGNIFICANT CONDITI	ONS CON	TRIBUTING TO DEATH BUT NO	I KELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN	4 PART 1(e) 15	WAS AUTOPS' PERFORMED?
							Y	YES NO
PART II. OTHER 20a. EXTERNAL CA PRIMARY X or CO CAUSE OF DEATH.		b. DESCRI	BE HOW INJURY OCCURED. (E	inter netura of injury in Par	t I or Part II of item	1B.)		
PRIMARY T or CO CAUSE OF DEATH.	NTRIBUTING [Confloanati	on in the he	ome			
20c. TIME OF INJU	RY Month, Day, Year	1204	INJURY OCCURRED 20a, PLA	on in the ho		\	(County)	(C++)
Hour Childe		While		ory, street, office bldg., atc.	.) [(State)
70:45 p.m.	17237 is 6	10 - A	k at work	House	North Be	each Par	k, A.A	., Md.
The same of the sa	at I took charge of	the rem	ains described above, he	ld an Autopsy ,	Inspection 3	Inquiry	, and	in my opinion
death resulted f			Accident Suic			rmined manne		
ELLEVATOR OF THE PROPERTY OF T	n-	1		CHIEF MEDICAL	EXAMINER X			
ACTUAL	18/1	1	1sho/	ASSISTANT MED	ICAL EXAMINER	1	D	ATE SIGNED
SIGNATURE	110	V		M.D.	_	7		/24/61
EXAMINER'S NAME (Type)	Russell S.	Fish	er, M.D.	DEPUTY MEDICAL Addrass (Street,	city, town, or count	y)	4,	/24/01
BURIAL, CREMATIO REMOVAL (Spacify)		F	22c. NAME OF CEMETERY OF		22d. LOCATION		ountry)	(Slata)
Remova1	4/25/61				Shreve	port, La	1.	
3. FUNERAL DIRECTO			ADDRESS	24a. REC	D BY REGISTRAR			IRE
Um Casta	Tno 1017	C+ T	Davil C+ Dal+a	2 Md (nn	0 0 701	0.1	04	
will. Cook,	Inc., 1217	50.1	Paul St., Balto	.2,Md. DATER	2001	arthur 2	. Thata	

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FOR STATE DEPT

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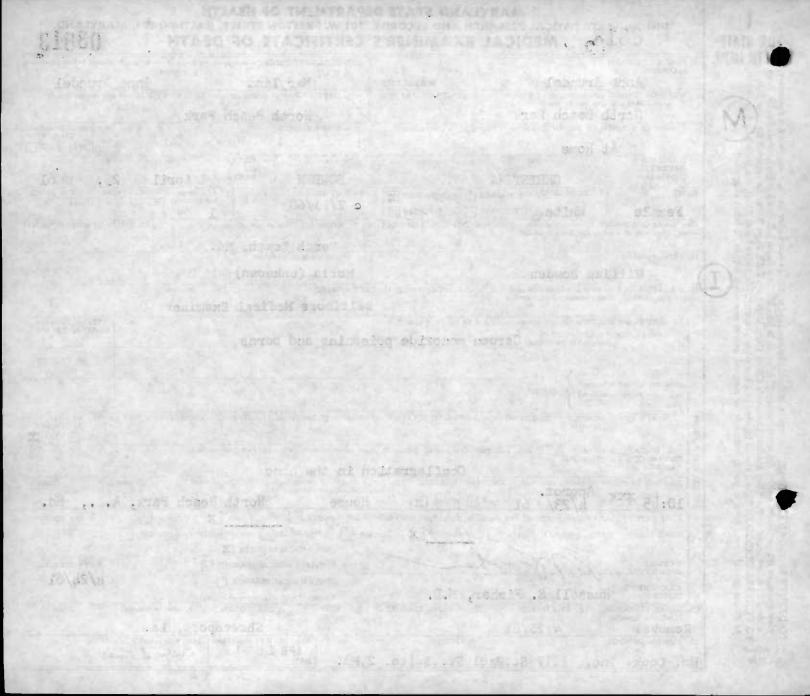
V5. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS,

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03813 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEAT	н			2. USUAL RESIDEN	CE (Whare dac			danca before	admission
	Arundel		MARYLAND	a. STATE Mary	land	b. COUN		minde	1
b. CITY OR TOWN	(if outside corporata lim	its,	c. LENGTH OF STAY IN 16	CITY OR TOWN		rata limits, writ			
	d giva nearast town) th Beach Pa	-1-	110000000000000000000000000000000000000	X Want	Danah	Danie			
			spital, giva straal addrass)	d. STREET ADDRESS	h Beach	Park		1 0 15 6	RESIDENCE
		11 1101 111 110	spiles, give silent nucleas,	d. STREET ADDRESS				ON	A FARM?
	t Home							have	NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Monti	D.	ay Yes	ar .
(Typa or print)	CHRI	STINA		BOWDEN	DEATH	Apr	11 2	3, 19	61
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEA		R 24 HRS.
Female	White	WIDOW		e 2/13/60		last birthday) yrs.	Months Day	s Hours	Min.
10a. USUAL OCCUPAT	ION (Giva kind of wor	k 10b. 1	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign coun	and the same of th	12. CITIZEN	OF WHAT	COUNTRY
dona during most of w	orking life, evan if retire	nd)			1				
13. FATHER'S NAME				North Be	each, Mo	1.			
	1 - m - 1 -								
	iam Bowden			Maria (unk	chown)				
(Yas, no, or unkown) (FR IN U.S. ARMED FOI		SOCIAL SECURITY NO. 17.			Address			
				Baltimore Me	dical E	xaminer			
18. CAUSE OF	DEATH [Entar only one	cause par	lina for (a), (b), and (c).]					INTERVAL BE	
PART I. DEAT	H WAS CAUSED BY:	Carb	on monoxide po	isoning and l	ש מיינוני			ONSET AND	DEATH
QIIA			on monostac po	Thousand and	302110	- 5			
1/60	DUE TO								
Conditions, if an	1,00								
(a), stating tha	DIJE TO								
cause last.) (c)								
PART II. OTHE	R SIGNIFICANT COND	TIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIV	'EN IN PART 1(a	19. WAS	AUTOPSY ORMED?
Ē								YES T	NO DO
20a. EXTERNAL C		Db. DESCI	RIBE HOW INJURY OCCURED.	(Entar nature of Injury In Pa	rt I or Part II of i	tam 18.)			
PART II. OTHE 20a. EXTERNAL C PRIMARY X or CO CAUSE OF DEATH			Conflormati	on in the hor					
3 20c. TIME OF INJU	JRY Month, Day, Ya	er 2Dd.	INJURY OCCURRED 200. PL	on in the hor	n. ' 20f. (City	or town)	(County)		(State)
20c. TIME OF INJUNE OF INJ	Ennmor	Whil	a Not Whila of fa	ctory, street, office bldg., ato	.)				
4000	4/23/19	×-	rk at work	House			Park, A.	A.,	Md.
21. I certify t	hat I took charge	of the rer	nains described above, h	eld an Autopsy,	Inspection	X Inqui	y a	nd in my	opinion
death resulted	from: Natural c	auses	, Accident 🔀 Sui	cide , Homicide	, Und	etermined n	nanner 🗌		
	1-	/	0	CHIEF MEDICAL	EXAMINER X				
ACTUAL	K/W.	1s	her	ASSISTANT MED	DICAL EXAMINE	R 🗆		DATE SI	GNED
SIGNATURE	11/1			DEPUTY MEDICA		1		11/211/	61
EXAMINER'S NAME (Type)	Russell S.			Addrass (5treat,	city, lown, or co				
22a. BURIAL, CREMATI	ON, 226. DATE THER	EOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATI	ON (City, town	, or country)	(Sta	ite)
Removal	4/25	/61			Shreve	eport,	La.		
23. FUNERAL DIRECTO			ADDRESS		C'D BY REGISTRA	AR 246. REC	ISTRAR'S SIGN		
II. Cool-	T 1017	C+ D-	1 C+ Dolto		2 6 '61	aut	ws S. Kraa	4	
wm. Cook,	Inc., 121/	St. Pa	ul St., Balto.	2, Md. DATE		1			



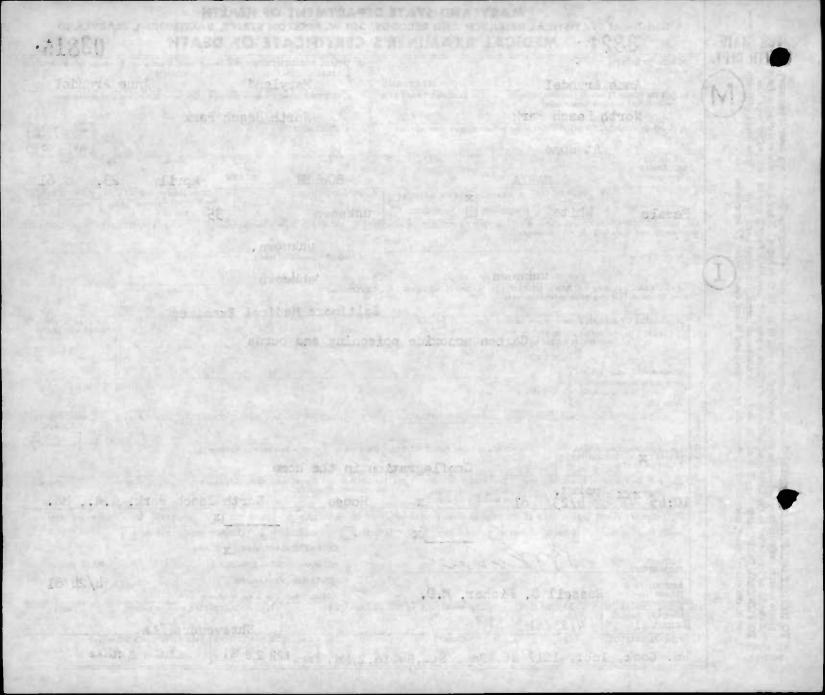
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10

VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3821 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03815

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare dacaesad livad, If institution: Rasidenca before edmission)
A 2 2 September	b. STATE Maryland Anne Arundel
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN	
writa RURAL end giva nearast town)	
North Beach Park	North Beach Park
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat eddrass)	d, STREET ADDRESS e. IS RESIDENCE ON A FARM?
At Home	YES NO
3. NAME OF First Middla DECEASED	Last 4. DATE Month Day Year OF
(Type or print) MARTA	BOWDEN DEATH April 23, 19 61
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	unknown 35 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, avan if raffred)	
done during most of working life, avan it ratifed)	unknown
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Yas, no, or unknown) (Ifyesgivawerordatasofservice)	7. INFORMANT Address
	Baltimore Medical Examiner
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide po	of coning and huma
CIII A	orgoniting and parity
7/6 ° O DUE TO	
Conditions, if eny, which (b)	
gave rise to immediate cause (e), steting the underlying DUE TO	
cause lest. (c)	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED? YES NO TO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of Injury in Pert I or Pert II of itam 18.)
PRIMARY X or CONTRIBUTING CAUSE OF DEATH. Conflagrate	ion in the home
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Approx. While Not While et work to et work to	House North Beach Park, A.A., Md.
21. I certify that I took charge of the remains described above,	, held an Autopsy . Inspection X. Inquiry , and in my opinion
death resulted from: Natural causes , Accident .	Suicide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL SYNTAGE	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE	M.D.
EXAMINER'S NAME (Type) Russell S. Fisher, M.D.	DEPUTY MEDICAL EXAMINER \(\text{\(\)} \) Address (Street, city, town, or county)
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER	
REMOVAL (Spacify) Removal 4/25/61	Chrovenort I.e
23. FUNERAL DIRECTOR ADDRESS	Shreveport, La.
Wm. Cook, Inc., 1217 St. Paul St., Bal	LO. Z, Md. DATE MI II - V V



FOR STATE LTH DEPT.

TO DEPUTY MEDICAL EX INNER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "bending" in pencil in liem 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your rides.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Total or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A1SME 5M 7/S9

			MARY	LAND	STATE DI	EPARTM	ENT OF	HEAL	TH	
Division	of STAT	ISTICAL	RESEAR	CH AND	RECORDS,	301 W. P	RESTON S	STREET,	BALTIMORE 1	, MARYLAND
				-					A DESCRIPTION OF THE PARTY OF T	

3820	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	03814
			Lo TIGUES BEGINNINGS	Add and decreased the death of	

1. PLACE OF DEAT				a. STATE		ed lived, If in b. COUNT	Υ		
	ne Arundel (if outside corporete limits		MARYLAND c. LENGTH OF STAY IN 16	-	(If outside corporete	ti-th- mate- I	Anne A		
	d give neerest town)	5,	C. LENGTH OF STAT IN ID	V			KUKAL end give	neeres 10 W	n)
	th Beach Par				th Beach I	ark			
d. NAME OF HOSE	PITAL OR INSTITUTION (IF	not in hosp	itel, give street eddress)	d. STREET ADDRESS					A FARM?
	At Home							YES [NO 🗌
3. NAME OF DECEASED	First		Middle	Lasi	4. DATE	Month	Dey	Year	
(Type or print)	ERIC	CA		BOWDEN	DEATH	April	2:	3. 19	61
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		E (In yeers I	F UNDER 1 YEAR	-	24 HRS.
Female	White	WIDOWED		9/18/48	13	birthdey) yrs.	Months Deys	Hours	Min.
	TION (Give kind of work vorking life, even if retired		ND OF BUSINESS OR INDUST	Boxton, N			12. CITIZEN	OF WHAT C	OUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		1		
****11				Manda /w	-1\				
	iam Bowden	TES? 16 S	OCIAL SECURITY NO. 17.	Maria (u	nknown)	Address			
	(If yes give wer or detes of se		OCIAL SECORITE INO. 17.					45334	
				Balt	imore Med	lical E			
	DEATH [Enler only one	cause per lin	ne for (e), (b), end (c).]					NTERVAL BET	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Carbon	n monoxide poi	soning and b	ourns				
9/6.0	DUE TO								
Conditions, if er									
geve rise to imme	diete ceuse					G 77			
(e), steting the	underlying DUE TO								
cause lest.) (c)_								
PART II. OTH	ER SIGNIFICANT CONDIT	IONS CON	RIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVE	N IN PART 1(e)		NUTOPSY DRMED?
\(\)								YES X	NO T
PART II. OTH OFF 20e. EXTERNAL (PRIMARY DX or C CAUSE OF DEATH	CAUSE WAS 20	b. DESCRIE	BE HOW INJURY OCCURED.	(Enter neture of Injury in Pe	ert I or Pert II of item	18.)			
	I.		Conflagration						
S 20c. TIME OF IN.			NJURY OCCURRED 200. PL	ACE OF INJURY (Home, fail story, street, office bldg., et		own)	(County)		(Stele)
20c. TIME OF IN.	Approx.	67 et work	Not While et work	House	North Be	each Pa	ark. A.A	. Md	
	- Indiana and a second		ains described above, h		Inspection	, Inquiry		d in my o	
death resulted				cide , Homicide	Undete	rmined ma	nner 🗍		
Gealli lesuiled	Troini. Troining Co		O Sull		EXAMINER X	,50 1/10			
	RA	1	ala.		- Marie	_			
ACTUAL SIGNATURE_	IVI	1 10	ney	M.D. ASSISTANT ME	DICAL EXAMINER			DATE SIG	NED
EXAMINER'S NAME (Type)	Russell	S. Fi.	sher. M.D.	DEPUTY MEDICA Address (Street,	AL EXAMINER	ty)	1	1/24/6	1
22e. BURIAL, CREMAT REMOVAL (Specie	ION, 226. DATE THERE		22c. NAME OF CEMETERY O		22d. LOCATION	(City, Iown,		(Stel	e)
Removal	4/25/61				Shrever				
23. FUNERAL DIRECT			ADDRESS		C'D BY REGISTRAR				
Wm. Cook.	Inc., 1217	St. Pa	aul St., Balto.	. 2, Md. DATEAP	R 2 6 '61	arth	hur S. tha	14	
				,					

Labourth Brida North Boson Tark and the Carbon ecounties protection and there one · Les John S. W. House

FOR STATE LIH DEPT.

TO DEPUTY MEDICAL E. MINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any from within 72 hours after death. VS. A15ME 5M 7/59

	MARY	AND STATE D	EPARTMENT OF	HEALTH	
Division of STATIS	TICAL RESEARC	H AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
3822	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	0381

1. PLACE OF DEAT	TH			2. USUAL RESIDEN	ICE (Where deceesed lived, If	institution: Residence before admissio
e. COUNTY	e Arundel		MANDET WATE	a. STATE	b. COUN	Anne Arundel
	(if outside corporate lim	nits.	c. LENGTH OF STAY IN 1b	Mary		e RURAL end give nearest town)
write RURAL ar	nd give neerest town)		or annual or street at the	0. CH 1 OK 10 WK	(ii outside corporete illinis, with	TOTAL BILL SIVE HEREST TOWN,
	th Beach Ho				h Beach Park	
THE RESERVE AND ADDRESS OF THE PERSON OF THE		(if not in hos	pital, give street address)	d. STREET ADDRESS		a. IS RESIDENC
	At Home					YES NO
3. NAME OF DECEASED	Firs	t	Middle	Last	4. DATE Month	Dey Yeer
(Type or print)	MAR	THA		BOWDEN	DEATH ADE	il 23, 19 61
5. SEX	6. COLOR OR RACI	7. MARRIE	D NEVER MARRIED 3	. DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	WIDOWE		3/?/?	last birthday) 7 yrs.	Months Days Hours Min.
10a. USUAL OCCUPA	TION (Giva kind of wor	rk 10b. KI	ND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTR
dona during most of w	orking lifa, evan if retir	ed)				
13. FATHER'S NAME				Charles 14. MOTHER'S MAIDEN	ton, S. C.	
				14. MOTHER S MAIDER	NAME	
	lliam Bowde				(unknown)	
	VER IN U.S. ARMED FO (Ifyesgive werordates of		SOCIAL SECURITY NO. 17. I		Address	
				Baltim	ore Medical Exa	aminer
18. CAUSE OF	DEATH [Enter only on	a cause per li	ine for (e), (b), end (c).]			INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Canho	n monostido not	annina		ONSET AND DEATH
911	17		n monoxide poi	SOUTUR		
116.	DUE TO					PENERAL PROPERTY OF
Conditions, if en	/)				
geve rise to imme	DITE TO					
cause last.) (c)				
Z PART II. OTH	ER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPS
NA NA						YES NO
PART II. OTH 20e. EXTERNAL C PRIMARY P or C CAUSE OF DEATH	AUSE WAS	20b. DESCRI	BE HOW INJURY OCCURED. (E	inter neture of injury In Pa	art I or Part II of item 18.)	
PRIMARY OF C	ONTRIBUTING					
		1201	CONILAGIAT	ion in the		(County) (Stata)
20c. TIME OF INJ	. A	While	Not While I fact	ory, street, office bldg., et	c.)	
₹ 10:45 p.m.		61 et worl	k at work	House	North Beach I	Park, A.A., Md.
21. I certify	that I took charge	of the rem	ains described above, he	ld an Autopsy	Inspection X, Inqui	ry . and in my opinion
death resulted	from: Natural c	auses ,	Accident X Suic	ide , Homicide	, Undetermined m	nanner
	n	/		CHIEF MEDICAL	EXAMINER -	
ACTUAL	1/4/	M.	12/201	ASSISTANT ME	DICAL EXAMINER	DATE SIGNED
SIGNATURE_	V /	V	00000	M.D. DEPUTY MEDICA		
EXAMINER'S NAME (Typa)	Russell S		er, M.D.		city, town, or county)	4/24/61
22a, BURIAL, CREMATI REMOVAL (Specif	ON, 22b. DATE THER	EOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, town	, or country) (State)
Removal	4/25/61				Shreveport	. La.
23. FUNERAL DIRECT			ADDRESS	24e. RE	C'D BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE
Lim Cools	Tnc 1217	C+ D	ul St., Balto.	2 Md	DD 2 6 '61	rething S. Kraus
WIII. COOK,	1110., 121/	DL. F	di be., parto.	Z, FIG. DATE !	THE CO. I	Maria d. / Malla

torth Beach House announce observer and an analysis of the country . Che. The ARMS CONTRACTOR OF THE CONTRACTOR intervenia. MAN TO SHEET THE STORY OF THE S

FOR STATE LIH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH Division of Statistical Research and Records, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03817

•	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. STATE b. COUNTY
1	Anne Arundel MARYLAND	Maryland Anne Arundel
A	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
VĮ	North Beach Park d. NAME OF HOSPITAL OR INSTITUTION (If not In hospitel, give street address)	North Beach Park
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	At Home	YES NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
	(Type or print) RODGER William	BOWDEN DEATH April 23, 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	8/?/1956 Syrs. Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during mest of working me, even it failed)	Arlington, Va.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William Bowden	Maria (unknown)
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	(10s, 110, of diskowin) (11) (11) (11)	Baltimore Medical Examiner
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Carbon monoxide poi	soning
	916.0 DUE TO	
	Conditions, if eny, which \ (b)	
	geve rise to immediate cause	
	(e), stating the underlying cause last.	
	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	OIL	PERFORMED? YES NO X
	208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E	inter nature of injury in Part I or Part II of item 18.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING CAUSE OF DEATH. CONFIGURATION	in the home
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	
	Approx. While Not While fector	ory, street, office bldg., etc.)
	11/2/	Home North Beach Park, A.A., Md.
2	21. I certify that I took charge of the remains described above, he	
	death resulted from: Natural causes , Accident , Suici	
	1 XIX	CHIEF MEDICAL EXAMINER
	SIGNATURE OF THE STATE OF THE S	M.D. ASSISTANT MEDICAL EXAMINER
2	EXAMINER'S NAME (1990) Russell S. Fisher, M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
	REMOVAL (Specify) Removal 4/25/61	Shreveport, La.
	23. FUNERAL DIRECTOR ADDRESS	240 PEC'D BY DECISTRAD 246 PECISTRAD'S SIGNATURE
	Wm. Cook, Inc., 1217 St. Paul St. Balto.	2, Md. DATE 26'61 arthur S. Kraus

TO DEPUTY MEDICAL EX. WINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

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VR A15 (4) 15M 9/59

3824

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Meade Month APRI AGE (In years	/
Month APRI AGE (In years lost birthday) 34 yrs.	ON A FARM? YES NO Day Year A 20 19 61 IF UNDER 1 YEAR IF UNDER 24 HR: Months Doys Hours Min. 12.CITIZEN OF WHAT COUNTRY
APRI AGE (In years lost birthday) 34 yrs.	I 20 19 61 IF UNDER 1 YEAR IF UNDER 24 HR: Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY
34 yrs.	Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY
ntry)	
Address Army Ft	t Geo G Meade, M
left, 4	
r town)	(County)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ade Anne Arunde XXXXXXIII DE PORTO d on the date stated above 22b. DATE SIGNE 20 April 196
	Meade, Md. (Stote)
0	he causes and

To Tableton To House			arang and	
			at The will	
	A-Strik man	Valt (provi	one cases 1967	
			and the second	
AND THE RESERVE	e en elavoris bunda di	al the sections from		
	talic sallendire E car de cor acteur E car de cor acteur			

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) direc o. COUNTY filed a. STAT b. COUNTY MARYLAND funeral CITY OR TOWN (If outside corporate limits, write Pe c. LENGTH OF STAY IN 16 CITY/OR TOWN (If outside corporate limits, write RURAL and give nearest town) RORAL and give nearest town) P the shou not in haspital, give street address) NAME OF HOSPITAL IN d. STREET ADDRESS OF INSTRUMON by and 2 NAME OF First 4. DATE Middle Month filled DECEASED OF Poges death (Type or print) DEATH S. SFX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years ast birthdoy) after cample WIDOWED X DIVORCED | papers. TOa. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. during most of working life, Even if retired) puo Husen. pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM d Car . ⊆ physicic remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, give war or dates of service) attending CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] d PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** à Conditions, if ony, which gned (b) requires gove rise to immediate **DUE TO** couse (a), stating the underattending physician. lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) Hour o. m. While Nat while at work at wark prior ATTENDING by the hospite 21 I certify that (1) (this hospital) attended the deceased fram. Health saw the deceased alive an 19 , and that death accurred of ______.M, from the causes and an the date stated above. 22a. SIGNATURA ATTENDING MED. DIRECTOR STAFF PHYS. d. PHYS. HOSPITAL OR Boord 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type the State 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERT OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) 0 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 DATELA Cincher & Traval 1SM 9 161

MARYLAND STATE DEPARTMENT OF HEALTH

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

that (I) (we) last

22b. DATE

SIGNED

(Stote)

Days

(County)

Months

e. IS RESIDENCE

ON A FARM?

YES NO

Year

50	-	
Deen	as the burial-transit	
e nas	ourial-	
IICO Te	the k	
eri	OS	
is c	use	
er Tr	for	
AL	hed	
2	page 3 shauld be detached far use	
XC.	pe	
1	auld	
CKA	3 sh	
5	age	
2	ď	
SALE TO TONERAL DIRECTOR: Arrer this certificate has been si	4)	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 03821

1. PLACE OF DEATH a. COUNTY ANNE ARUI	NDEL		MARYLANI		. USUAL RESIDENCE		b. COUN			edmission
b. CITY OR TOWN (if o	utside corporeta limits.		c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If	outside corp				wn)
write RURAL and gi	ve nearest town)	19	14 DAYS		ARNOLD			X		
d. NAME OF HOSPITAL	OR INSTITUTION (if	not in hos	pitel, give street eddress)		d. STREET ADDRESS					RESIDENCE
U.S.NAVAL HO	SPITAL, AN	NAPOL	IS, MD.		PINES ON THE	SEVE	RN	1		NO D
3. NAME OF DECEASED	First		Middla		Last	4. DATE	Month		Day Ye	ar
(Typa or print)	Bryson			BRU	CE	DEATH	APRIL			61
5. SEX 6	. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. 0	ATE OF BIRTH	9	. AGE (In years last birthday)			ER 24 HRS.
MALE	CAUC.	WIDOWE	D DIVORCED	20	MARCH 1886		75 yrs.	Months Da	ys Hours	Min.
10a. USUAL OCCUPATION dona during most of working	ng lifa, aven if ratirad	10b. KI	IND OF BUSINESS OR INDU	STRY		& Stata, or	foreign country)		N OF WHAT	COUNTRY
NAVAL OFFICE	<u> </u>			1.14	OWA MOTHER'S MAIDEN N	AME		U.S.	Α.	
Bryson (n)	DDIICE									
15. WAS DECEASED EVER		F52 16	SOCIAL SECURITY NO 1 17	1 '	WARY ANN LID		Address			
(Yes, no, or unkown) (Ifye	s give war or dates of ser				se DOWNS BRU		NES ON "" RNGLD, A	HE SEVI		
18. CAUSE OF DEA	ATH [Enter only one of	ause par l	ine for (a), (b), and (c).]	Ou i	Se DOMING DINO	CE 171	MOLD, A	AILLAIN	INTERVAL B	
	VAS CAUSED BY: MEDIATE CAUSE (e)	ANFL	JRYSM, ABDOMI	IAN	AORTA BLEE	DING		Д	ONSET AND	T AAAA
4514	DUE TO	711120	TOME PRODUCTION	NA CION	BONIA, ULL				11000	1 111
Conditions, if any,		ARTE	RIOSCLEROSIS	GI	ENEDAL IZED				104	
gava rise to immediate	ceuse	71117	INTOOCELINOOTS	, 01	- W. W. 12 L. D			111111111111111111111111111111111111111	IN YE	ARS -
(a), stating the under	DUE TO									
	GNIFICANT CONDITI	ONS CON	TRIBUTING TO DEATH BUT	NOT	PELATED TO THE TERMINA	U DISEASE	CONDITION GIV	EN IN PART 10	a) 19. WAS	AUTOPSY
0	CLEROTIC H			11011	CENTRE TO THE TERMINA				PERF	ORMED?
ANTENTOS			CRIBE HOW INJURY OCCU	DED (F	1 1 - 1 - D	at I an Beat II	-f it 10)		YES K	NO I
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DES	CKIBE HOW INJURY OCCU	KED. (E	nter nature of injury in ra	n torran i	of Irem 16.)			
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	20d. While at wor	Not While		OF INJURY (Homa, farm, , streat, office bldg., etc.)	20f. (City	or town)	(County	′)	(State)
21. I certify tha	t (I) (this hospita	al) atten	ded the deceased fro	m	3. APRIL, 19	9.6.1 to.	17 APR.	L, 19.6	1, that (1)	(we) la
saw the deceased	l alive on1.7.	APR.	196.7, and t	hat d	eath occured at 4.:.	30. Fran	the causes	and on the		
22a. SIGNATURE				M.D.	ATTENDING ME	D. RECTOR	STAFF PHYS.	18 A	FRIL 3	SIGNE
22c. PHYSICIAN'S NAME (Typa)	figurelec	ms		741.150	22d. ADDRESS					-01_
R. G. WI	LMAMS, CO	DR MC					AL, ANN		MARYI	AND
23a. BURIAL, CREMATION DEMIOVAL (Specify)	20 - april	61	U. S. N. CE	RY OR	CREMATORY	23d. 10C	ATION (City, to	wn or county)	M	(State)
24 FUNERAS DIRECTOR'S	SIGNATURE	0	ADDRESS	0 1	250. REC'I	BY REGIS	TRAR 256. RE	GISTRAR'S SIC	SNATURE	
John M	Taylo	1 Jan	· (hungest	V	MON DAMPR	1 9 '61	Cint	Lug & Ke	-114	

TO HOSPITAL OR ATTEMY OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death. Page 4 may be retain, by the hospital or attending physician.

S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune.

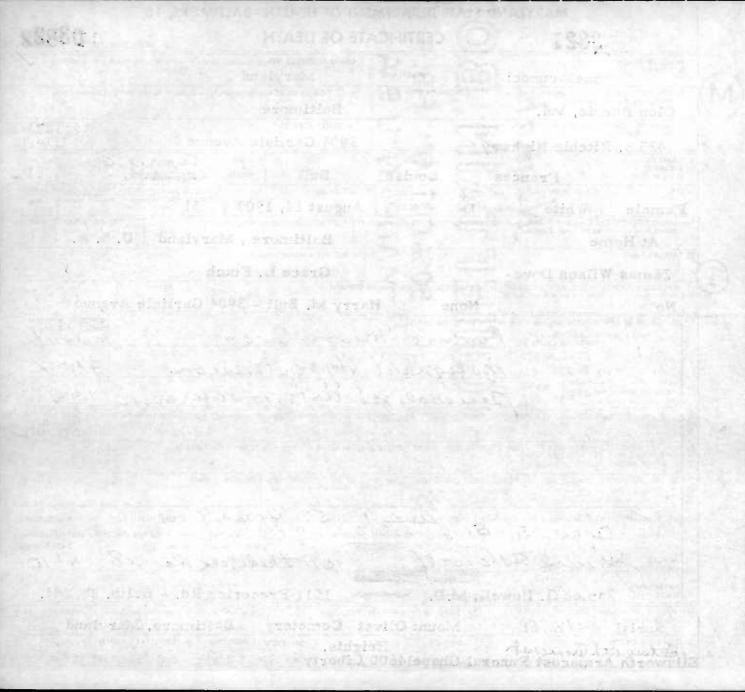
S of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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	3041	CERTITION	Reg. Dist. No.						
1	1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE Maryland	d lived. If institution: Residence b. COUNTY	before admission)				
VI)	b. CITY OR TOWN (If outside corporale limits, wring RURAL and give nearest town) Glen Burnie, Md.	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL and giv	re nearest town)				
	d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
X	425 S. Ritchie Highw	ay	3904 Carlisle Av	enue	YES NO				
1	3. NAME OF First DECEASED (Type or print) France:	Middle S Louise	Bull 4. DATE OF DEATH	August 14,	P Day Year 1961				
	S. SEX 6. COLOR OR RACE 7. N	AARRIED ANEVER MARRIED	B. DATE OF BIRTH		YEAR IF UNDER 24 HRS				
	1 0111010	OWED DIVORCED	August 14, 1909	51 yrs.	ays Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	10b. KIND OF BUSINESS OR INDUS	Baltimore, N		S. A.				
	At Home	Con To Co	14. MOTHER'S MAIDEN NAME	lai yiana o.	J. 11.				
T	James Wilson Dove		Grace L. Fut	ch	50° 100				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. IN	NFORMANT	Address	1000000				
-	(Yes, no, or unknown) (If yes, give war or dates of service)	None H	Jarry M. Bull - 390	04 Carlisle Av	enue				
	Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying cause lost.	Maligrand Beneral 32	Hyperteus Sarterio I	clesosin	34rz				
	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	PERFORMED? YES NO				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Por	t II of item IB.)					
	Hour o.m.	Od. INJURY OCCURRED 20e. PLA 'hile Not while fac work ot wark	ACE OF INJURY (Hame, farm, tory, street, office bldg., etc.)	or town) (Co	unty) (State				
1	21. I certify that I attended the deceased fram white I are 1, 1957, to aprile 9, 1961, that I last saw alive an actual 5, 19 stand that death occurred at 7 f. M. fram the causes and an the date ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Screen Screen ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) James G. Howell, M.D. 1011 Frederick Rd Baltio. 28								
K	22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 4/12/61	22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCA	TION (City, town, or county)	(State)				
	23. FUNERAL DIRECTOR'S SIGNATURE EDiscust Limes A Ellsworth Armacost Fun	ADDRESS He neral Chapel4600	eights. 24a. REC'D BY REGIST						

TO HOSPITAL OR ATTENDING PER may be retained by the haspital VS A1S 15M 9/58

SICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Pagattending physicion.



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03823

(M). F	LACE OF DEATH	ne Arundel		MARYLAN	a. S1	AL RESIDENCE (WATE	Vhere decease	h COUN	ution: Resider	nce befa	re admission)
Arm		Fort Geo	rge G. Mead	le	c. LENGTH OF STAY IN 23 days		n or town (If Elkridge		prote limits, writ	RURAL and	give ned	-2
0.50		OR INSTITUTION	AL (If not in hospital, g my Hospital		address)	11	TREET ADDRESS 808 Wash	ington	Blvd			e. IS RESIDENCE ON A FARM? YES NO
÷.		NAME OF DECEASED Type or print)	DOUG!		Middle C	В	Lost YERS	4. DATE OF DEATH		PRIL	15	y Year 19 61
ifter de	S. S	Male			RIED NEVER MARRIED [il 15, 1	959	9. AGE (In year last birthday	rs IF UNDER		IF UNDER 24 HR Hours Min.
hau	10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)						USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTI					
	13.	ROY E.	Byers			14. MG	Constan		Hyland			
event, v			R IN U. S. ARMED FOR (If yes, give wor or dates of se		SOCIAL SECURITY NO.	7. INFORMAN Fathe	r, 6808			ddress	ride	ge, Md.
r remaval, and in any			TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which mmediate	С	roncho-pneumo ystic fibrosi ith probable	s	laryngot	rachei	tis obs	tructi	ONS	ERVAL BETWEEN SET AND DEATH 23 days
2	ICATION				CONTRIBUTING TO DEATH					GIVEN IN PAI	RT 1(a) 1	P. WAS AUTOPS PERFORMED? YES X NO
ial, cren	L CERTIFI	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCU							
ta par	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yeo	While	Not while_		NJURY (Home, far et, office bldg., e		y ar tawn)	((Caunty)	(Stat
tate Board af Health priar	21. I certify that (X (this hospital) attended the deceased from 24 Mar 19.61, to 15 Apr sow the deceased alive on 15 Apr 19.61 and that death occurred at M, from the causes and compared to the second of the seco										e dote	22b. DATE
the State		burial					nal Cem.	Suf	TION (City, tow	., N.Y		(Stote)
	24.	Stewart &		, 10	ADDRESS 8-W-North-Av	Balto	11 11 11 11	APR 1 8		Chilun		

TO HOSPITAL OR ATTENDING
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TO FUNERAL DIRECTOR: After VR A1S (4) 15M 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH

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Dred TRA	ANT CA	MPBEL B. DATE OF BIRTH	4. DATE OF DEATH	9. AGE (In year	Aonth 7-6/		9 R 24 HRS
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(Give kind of work done 10b. I	CIND OF BUSINESS OR INDUS			1		OF WHAT CO	OUNTRY?
g life, even if retired)		Virgin	nia		U.S	A.	
		14. MOTHER'S MAIL					
ge R. Trant		Virgin	ia Boyk	in			
IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. IN	FORMANT		A	ddress		
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Enter only one couse per lin	e for (o), (b), ond (c).	, 1	0			INTERVAL BET	
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DUE TO HE	perten	sive C.	V. 8	Sejo	ore		
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r significant conditions of	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	ERMINAL DISEA	ASE CONDITION	GIVEN IN PART 1		NO
UNDERLYING 20b. DESC CAUSE OF DEATH EDICAL EXAMINER)	RISE HOW INJURY OCCURRED). (Enter noture of inju	y in Port I or Po	ort II of item 18.)			
Month, Doy, Year 20d. IN While of work	Not while foo	ACE OF INJURY (Home, tory, street, office bldg		ity or town)	(Cou	inty)	(Stote)
(I) (this haspital) attended	f 1	1960 eath accurred at	, 19 , .ta M. fran			, that (I) (v	
earl (7	Holy	ATTENDING PHYS.	MED. DIRECTOR		4-1		DATE
Policy	R. Hol	22d. ADDRESS	eve	Suo	- Oa	NE	
, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOC	ATION (City, tow	n, or downy	e (Stote	:)
4-21-61	Hollywood (Cem.	R:	ichmond		Va.	
SIGNATURE	ADDRESS		REC'D BY REGI		GISTRAR'S SIGN		
		DAT	ADD 2 4	61 (Irthur S. H	Parker.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3830 CERTIFICATE OF DEATH

Reg. Dist. No.

03825

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retained by the hospy of cartification. The law requires that the death certificate be executed within 24 hours after death. Page 4 retained by the hospy of cartificate has been signed by the otherding physician and completely filled in by the funeral direction. Should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with strar prior to burial, crematian, or removal, and in any event within 72 hours after death.		RURAL and
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PHYSICIAN: The law req rotending physician. M. certificate has been si r use as the burial-transit emation, or remaval, and	MEDICAL CERTIFICATION	PART
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Afred ched		21. I certi
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orior		SIGNATURE_
ATAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut retained by the hospy or attending physician. RAL DIRECTOR: After war certificate has been signed by the attending physician and constantly be detached for use as the burial-transit permit. Then please remove carbon papsistrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.		PHYSICIAN'S NAME (Type
Z	-	

	CE OF DEATH				2		NCE (Who	ere deceased	lived. If institution	on: Reside		re odmis	sion)
0. CC	OUNTY	Anne Arun	del	MARY	/LAND	o. STATE Ma	rylai	nd	b. COUNTY	Anne	e Ari	unde	1
b. CI RL	URAL and give n		its, write	c. LENGTH OF STAY	IN 1b	1-	wn (If or		ote limits, write RI	URAL and	give nec	crest low	n)
0	R INSTITUTION	TAL (If not in hospitol,				d. STREET ADD		apeake	Ave.			ON	SIDENCE A FARM?
	AE OF		rst	Middle		Lost		4. DATE	Mon	44.			Yeor
DECE	e or print)	Eva	131	S		CARROLL		OF DEATH	April		10		19 61
5. SEX Fem	nale	6. COLOR OR RACE White	7. MARR	DIVORCE		May 12.	188		9. AGE (In years last birthday) 76 yrs.	Months	Days	Hours	Min.
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15. WAS	DECEASED EVI	ER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO). 17. INF	DRMANT	+1	Dan	Addi	1855	1.	5)	
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18.		ATH [Enter only one of ATH WAS CAUSED BY:	ouse per lin	ne for (o), (b), and (c).	1			Marie .				SET AND	DEATH
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	ing cause lost.												
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CATION												YES [ORMED?
20a OR	ACCIDENT W	AS UNDERLYING TO	20b. DES	CRIBE HOW INJURY C	OCCURRED.	(Enter nature of i	njury in P	ort I or Port	Il of item 18.)				
		MEDICAL EXAMINER	10011		100 81461			Took to:					
WEDICAL 20c.	Hour o.m.	RY Month, Doy, Ye	While	NJURY OCCURRED Not while t of work	foctor	E OF INJURY (Hory, street, office b	ome, farm, oldg., etc.	, 20f. (City	or town)		(County)		(Stote)
21	. I certify t	hat I attended the	decease	ed fram 6	4PRII	19/06	ta	April	9 19 61	that I	last so	aw the	decease
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220. BU	PRIAL, CREMATIC	ON, 226. DATE THERE	1961	22c. NAME OF CEM	TETERY OR C	REMATORY		22d. LOCAT	Make	County)		no	de
23 FUN	meral director	Layer Sa	20 (ADDRESS	olis	Dri		BY REGIST					74100
V_						- 10	DATE	rhie	'61 C	Irthur	S. 74	sus	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2832 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Anne Arundel Maryland Anne Arundel ö b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) ploods RURAL - Annapolis Annapolis l dav d. NAME OF HÖSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 74 YES INO V General Hospital Wilson Road Extended Anne Arundel NAME OF DECEASED First Middle 4. DATE Month Year DEATH April (Type or print) Stella COBB 1967 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX Months Days Hours WIDOWED IX DIVORCED [Dec. 22. 1881 Female White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Massachusetts U.S. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) | 1 (If yes, give wg/ or dates of service) 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES YY NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour o. m Not while at work at wark 1960, to April 20, 1961, that I last saw the deceased 21. I certify that I attended the deceased fram. 1961 ___ and that death occurred at 1:15A.M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 121 Cathedral St. Annapolis Md. 3 should PHYSICIAN'S TO FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22CANAME OF CEMETERY OR CREMATORY 22d-tacation (City, Jown, or county) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATUR ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE APR 2 5 '61

Cirching S. House

VS A15 (4)

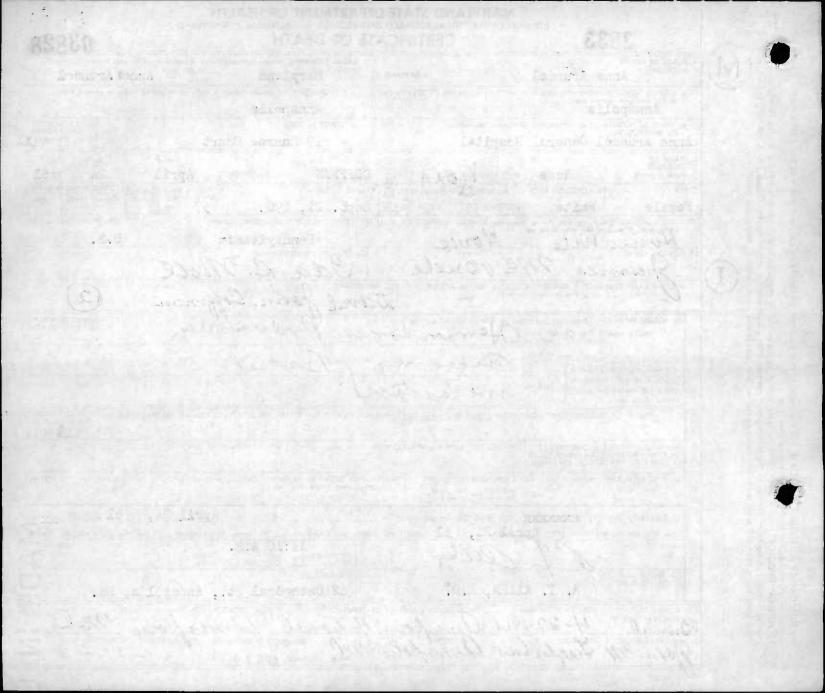
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STANDATIAND STATE OFFICE OF HEALTH BEALTMOSE AND STATE OF A STATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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direction ((M)	1. PLACE OF DEATH o. COUNTY Anne Arundel 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Anne Arundel	
death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Annapolis c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	H
by the f	063	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Anne Arundel General Hospital d. STREET ADDRESS ON A FAI YES No.	RM?
n 24 ho filled in ges 1 on		3. NAME OF DECEASED (Type or print) Rose First Middle COFFMAN 4. DATE Month OF DAY Year OF DEATH April 24 196	61
ed within		Female White WIDOWED DIVORCED Sept. 22, 1903 57 yrs.	Min.
execute and cam on pape		10a. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired) Aboute Pennsylvania 12. CITIZEN OF WHAT COU U.S.	NTRY
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attend attend in pleos		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) INTERVAL BETWOON ONSET AND DE	EEN ATH
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on. signed		gove rise to immediate couse (a), stating the under-lying couse last. DUE TO (c)	33
physicic physicic nas been iol-tran		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING TO THE PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUT PERFORMINAL DISEASE CONDITION GIVEN G	ED?
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ADING haspite that the prior		21. I certify that (I) (thickes that) attended the deceased from 19 to April 24, 19 61, that (I) (see sow the deceased alive on April 24, 19 61, and that death occurred at	
A ATTEI SECTOR De deto		220. SIGNATURE 22b. D.	
retained RAL DIR Should I Broard		22c. PHYSICIAN'S NAME (Type) A. T. ALLEN, M.D. 22d. ADDRESS 62 Cathedral St., Annapolis, Md.	
HOSPI may be FUNER poge 3:		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Store) British (Specify) 4-27-1961 Chmabolis National Chmabolis Md.	
Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q		24. EUNERAL DIRECTOR'S SIGNATURE COM CAMBRIE COM CAMBRIE DATE APR 28'61 CATHUR S. KISMA	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3834

CERTIFICATE OF DEATH

03829 Reg. Dist. No.

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SICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

the attending physician and completely filled in by the Then please remove carbon popers. Pages 1 and 2 sha

certificate has been signed by or removol, and as the burial-tronsit

1. PLACE OF DEATH

-							_
2.	USUAL	RESIDENCE (Who	are deceased lived.				П
	U. JIAI	MARY	LAND	COUNTY	RNNE	HAUNDE	,

	COUNTY ANNE ARUNDEL MARYLAND	o. STATE MARYLAND b. COUNTY ANN.	pefore admission) F. ARUNDEI
	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 PURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
d. I	NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION RIVERSIDE AVE	d. STREET ADDRESS RIVERSIDE AVE	e. IS RESIDENCE ON A FARM? YES NO
DEC	ME OF First Middle EASED ARTHUR WESLEY	COLE, SR. 4. DATE Month OF DEATH ARRIL 2	Day Year 29 1961
5. SEX	MALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH BARIL 19, 1916 9. AGE (In years lift UNDER 1 YI lost birthday) 45 yrs. Wonths Do	EAR IF UNDER 24 HRS. ys Hours Min.
10o. U	SUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDI pring most of working life, even if retired) BALTO, CITY	USTRY 11. 8IRTHPLACE (Stote or foreign country) BALTO. MARYLAND L	N OF WHAT COUNTR
13. FAT	EOWARD ALLEN COLE	14. MOTHER'S MAIDEN NAME RUTH GUEYER	O SINGE
15. WA (Yes, no	or unknown) (If yes, give war or dates of service)	INFORMANT Address I IFE - MRS. ARTHUR COLE -	SAME
	CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		NTERVAL BETWEEN DNSET AND DEATH J F B R
0 0	Conditions, if ony, which pove rise to immediate ouse (a), stating the <u>under-ying couse lost.</u> (b) DUE TO (c)		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4	PERFORMED? YES NO
- I	a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR R CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	IED. (Enter noture of injury in Port I or Port II of item 18.)	
MEDICAL	E. TIME OF INJURY Month, Doy, Year Pour O. m. P. m. 19 While Not while of work of work 19 of work 19	PLACE OF INJURY (Home, farm, 20f. (City or town) (Cour octory, street, office bldg., etc.)	nty) (Stote)
a a	Live an APRIL 28, 196(,, and that deat	th accurred at 6:00 M, from the causes and an the ADDRESS (Street, city or town, state)	
PH	IYSICIAN'S J. BRADY SMITH	PASARENA MARYLAND	

22b. DATE THEREOF

-3-6

22c. NAME OF CEMETERY OR CREMATORY Com

22d. LOCATION (City, town, or county)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, REMOVAL (Specify)

24a. REC'D BY REGISTRAR

DATE MAY

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 1SM 9/SS

the registrar prior to burial, cremotion, page 3 shauld be detached for use moy be retoined by the hospy
TO FUNERAL DIRECTOR: After

TE OF DEATH	CERTIFICA
	The second secon
Security per page agent in face (1.5 kg) (1.5 kg	Paralle for the paralle and fortunate. The angle one of the second secon
	a unique dans a propinsi dan di seperatua dan di seperatu

TO HOSPITAL OR ATTENDING CONTROLLAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspital contending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filted with the State Board at Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3835

03830

	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
	a. COUNTY ME Arundel COMARYLAND O. STATE MD, b. COUNTY, A.
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Miller 11/16 X deverna Jour Well
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR I
×	3. NAME OF DECEASED (Type or print) (Type or p
	5. SEX 6. COLOR OR RACE! 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	F WIDOWED DIVORCED Nov 30, 1892 Tost piritary), Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work dane of the during most of working life, even if retired) House State St
7	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT
	(Yes, no, or unknown) (If yes, give war ar dates of service) 037.13.1465 SM - LEO S. CORMIER - The
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Seel paraelined Hemolyhood
	The DUE TO COLODED & Hemelihood
	Conditions, if any, which)
	gove rise to immediate cause (a), stating the under: DUE TO Consolinate cause (b), stating the under:
	lying couse lost. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 20d. INJURY OCCURRED Foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)
2	21. I certify that (I) (this hospital) attended the deceased from 1956 19 to 1961; 19 that (I) (we) lost
	sow the deceased olive on 1907, and that death occurred at M, fram the causes and on the date stated above.
3	M.D. PHYS. DIRECTOR STAFF PHYS. 4-20-6 SIGNED
	22c. PHYSICIAN'S NAME (Type Color) Poly Poly Severing Poly Will
0	230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 4746 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stole)
3	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	tobel & Barrane SEVERNA IK, 14/DATE APR 24 '61 ailung & Krus

A STATE -

TO HOSPITAL OR ATTENDING MYSICIAN: The law requires that the deoth certificate be executed within 24 haurs ofter death. Page may be retained by the hospital attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directions as shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/S9

3836

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03831

	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Imakolio	amakolis
	d. NAME OF HOSPITAT (I) not in hospital, give street address) OR INSTRUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	9 & outhacte we	9 Douthgate live YES NO
	NAME OF DECEASED (Type or print)	Death Lost Day Yeor OF DEATH 4 - 1/ 196/
-	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	par parace
0	Male While WIDOWED DIVORCED	Sept 15-1904 Se yrs. Months Doys Hours Min.
100	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC	DUSTRY (1. BIRTHALACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	during most of working life, even if retised)	(Image bolis Md U. S. A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Man de la Condado	Blickett Landrehandberg
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17	INFORMANT Address
	es, no, or unknown) If yes, give wor or dales of service)	mary J. Crandall (2)
F	1B. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: 0 17 1 1.	ONSET AND DEATH
	IMMEDIATE CAUSE (0) VIUPALINES CUSCOS	ninal anewigm
	443 X DUE TO 0 # -	- ,
	Conditions, if ony, which gove rise to immediate (b) Unless selected	e vareules Oliseers
	couse (o), stoting the under-	
	lying couse lost.) (c) /lefflelensure C	de disercellos Olseers
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3		YES X NO
E	200. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH	RED. (Enter nature of injury in Port I or Port II of item 1B.)
CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
S		PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
MEDI	Hour o. m. p. m. 19 While Not while of work of work	tociory, sheet, office blogs, etc.)
	21. I certify that (I) (this hospital) attended the deceased from	n 4-3- 1961, ta 4-10 , 1961, that (1) (we) last
	saw the deceased alive an 4-10 1961, and that	death accurred atM, from the causes and an the date stated above.
	22o. SIGNATURE	22b. DATE
	Samuel Ta austille	M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	Samuel T. R. Revehl, Jr	University Hospilal, Balt 1 mg.
230	O. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 21d. LOSATION (City, town, or county) (State)
0	Burge 4-14-61 St Mars	is cent Amakolis Ma
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
1	John of Jaylor was Chmapte	DATE APR 13 '61 ariling & Knows

12889 A CAN CAN IN CASH CARELLE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Rasidanca before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Anne Arundel the day MARYLAND Baltimore City arvland b. CITY OR TOWN (if outside corporate limits. C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by writa RURAL and give nearast town) mos. Yfsiavs Baltimore Crownsville = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Unknown YES NO TE Crownsville State Hospital completely NAME OF 4. DATE Middle Last Month Day DECEASED DEATH (Type or print) Samuel Crippen carbon 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH 5. SEX AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) and Male Negro 78 WIDOWED TO DIVORCED September, 1882 physician ove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending John Henry Crippen Annie Long 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgiva war or datas of sarvica) moval Hospital Records Unknown Unknown the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebrovascular Accident IMMEDIATE CAUSE (a) DUE TO Hypertensive Cardiovascular Disease Conditions, if any, which gave risa to immadiata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? as o use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Year factory, street, offica bldg., etc.) White - - Nor While may be reta (this hospital) attended the deceased from.... 21. I certify that (1) ... and that death occured at 2: M, from the causes and on the date stated above. 1661 saw the deceased 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME Type) Crownsville State Hospital, Maryland McHenry Manp. M. D. rector, death. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, MOVAL (Spacify) g di 0 258. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS EUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/60 ariling & Truck

61

NO DE

(Stata)

22b. DATE

(State)

28/61

SIGNED

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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
- Jan		3838 CERTIFICATE OF DEATH Reg. D	ist. N4) 3.032
M)		PLACE OF DEATH O. COUNTY ANNE ARUNDE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE M. D. COUNTY	nce before admission)
		b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give nearest town) GLEN Burk Wie C. CITY OR TOWN (It outside corporate limits, write RURAL and BALTIMORE)	give nearest town)
X		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 201 GAM BRILLSPd. 4679 PARK Heights	AUP e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) GEORGE E. CRO45E 4. DATE Month OF DEATH APRIL 2	Day Year 22 196/
	1	MALE White WIDOWED DIVORCED 6/18/1889 Jyrs. Months	R I YEAR IF UNDER 24 HE Days Hours Min.
	M	CELL DRILLER SELF MARY LAND	1. 5. A.
T		TAMPS H. CROUSE UN KNOWN	
(4)	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No (If yes, give wor or dotes of service) 218-01-8949 Mrs. Joseph Peddicord	07 GAMB.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leebral Acq Lent	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which) (b) Hypertensine Cardia Vascular Dispase	5 Year
		gove rise to immediate couse (a), stating the under-lying couse last.	
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	RT 1(0) 19. WAS AUTOPS PERFORMED? YES NO
	L CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Nat while of work of work of work 19 of wo	(County) (Stat
		21. I certify that I attended the deceased from April 18, 1961, to April 22, 1961, that I alive an April 21. 1961, and that death accurred at 7 A M, from the causes and an in	last saw the decea
1		ACTUAL SIGNATURE Edward 9 Mandt M.D. Gamballs M.D.	DATE SIG
0		PHYSICIAN'S Edward 6. Skerritt	
11		BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	
0	L	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Children Sever Gross Rd. Com. Sever Seve	1d. (Stote)

MERYLAND STATE DIRECTION OF MESSER - DALINADER TO

1. PLACE OF DEATH

Anne Arundel

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HÖSPITAL (II not in haspital, give street address)
OR INSTITUTION

Anne Arundel General Hospital

RURAL and give nearest town)

Annapolis

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3839

c. LENGTH OF STAY IN 16

19 days

MARYLAND

CERTIFICATE OF DEATH

Maryland

d. STREET ADDRESS

Catonsville

2021 Edmondson Ave..

Reg. Dist. No.

Howard

arthur S. Kinus

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

03834

. IS RESIDENCE ON A FARM?

YES NO KIX

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grouped by the hosp.	IL DIRECTOR: After was certificate has been signed by the ottending physician and completely filled in by the funeral dis	ould be detoched for use as the buriol-transit permit. Then pleose remove carbon papers. Pages 1 and 2 should be filed with	or prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death.
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	3. NAME OF DECEASED	Firs		Middle	ELLIOTT	4. DATE OF DEATH	Man	th	Do	,	Yeor 67
1.5	5. SEX	Dempse			B. DATE OF BIRTH	DEATH	April 9. AGE (In years	IF UNDE	R 1 YEAR		19 61 ER 24 HRS.
	Male		WIDOWED TXX	DIVORCED [May 23, 1900		lost birthdoy) 60 yrs.	Months	Days	Hours	Min.
		CUPATION (Give kind of work d	one 10b, KIND OF	BUSINESS OR IND			ountry)	12. C	TIZEN C	F WHAT	COUNTR
	PISTRIC	of working life, even if retired) TCLAIMS MG	P. NATION W	OF TNS.	Co. Oklahom	ıa.			U.S	• .	
T	13. FATHER'S NA	Muhnour			14. MOTHER'S MAIDEN	NAME	V				
	15. WAS DECEA (Yes, no, or unknown	SED EVER IN U. S. ARMED FORCE		ECURITY NO. 17.	alan D	, 8	liott	ress	2)	
		OF DEATH [Enler only one cou	se per line for (o),		0 0 0 0	0				ERVAL BE	ETWEEN DEATH
	PAR	T I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cleuts	myora	whole info	utre			2	y bu	uı
		DUE TO		0	7						
		ns, if ony, which (b).									
		stoting the under-									
0	_	II. OTHER SIGNIFICANT COND	DITIONS CONTRIBU	TING TO DEATH BL	IT NOT RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(0) 1	PERFC	AUTOPSY ORMED?
	OR CONTRI	ENT WAS UNDERLYING DEATH NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCUR	RED. (Enter nature of injury in	Port I or Par	t II of item 1B.)				
		F INJURY Month, Doy, Yea o. m. p. m. 19	While Not		PLACE OF INJURY (Home, fare actory, street, office bldg., etc.)		y or town)		(County)		(Stote
	21. I cer	tify that I attended the	deceased from	Mar. 23	, 1961, to A	pril	10, 1961	.,that I	last so	aw the	deceas
	alive on	April 10,	, 1961 ,	and that deal	h occurred at 1:16	La.M. frai	m the causes o	and on	the da		
	ACTUAL	10000				- / - / /	Ireet, city or lown,	stote)		D.	ATE SIGN
	SIGNATURE	: John Witholm			M.D. 121 Cath	nedral	St.,			4/1	1/61
	PHYSICIAN NAME (Typ		leman		Annapoli	s. Md					
1	220. BURIAL, CR	REMATION, 22b. DATE THEREO		ME OF CEMETERY			TION (City, town, o	or county)		(Sto	le)
	BROYAL	Spacify) 4-13-6	1 71	dinco	en Cemela	Tin	ence Le	o Co		12	2/2
1	23. FUNERAL DI	RECTOR'S SIGNATURE	C ADS	MESS	240. RFC	D BY REGIS	TRAR 24b. REGIS	STRAR'S S	IGNATU	RE	
	4 been	2 M, 444 W	ments c	- my	DATE	SPR 1 2	'61	TATLUM	8 45	and A	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 15M 9/55 .

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FOR STATE LTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3840

Reg. Dist. 03835

Seconty Anne Arundel	-			
MANE OF HOSPITAL OF INSTITUTION (If not in hospital, give styfet address) 6. SECOND AVE. 3. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give styfet address) 7. NAME OF SECOND AVE. 3. NAME OF COLOR RACE 7. MARRIED DIVORCED 1. DATE OF BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVE IN USE ARMED FORCES 10. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS AND THE NAME WILLIAM DESCRIPTION (If the first of the detail of the state of the	V	o. COUNTY A	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY AA	
Second Ave. 311 9th Ave SE		and give nearest town)		
S. SEX 6. COLOR OR RACE 7. MARRIED 8. NEVER MARRIED 10. ALTER OF SIRTH 7. ADE (1). HOUSER LY TARK IF HUNDER LY AMORRIED 10. ADE OF SIRTH 7. ADE (1). HOUSER LY TARK IF HUNDER LY AMORRIED 10. ADE OF SIRTH 7. ADE (1). HOUSER LY TARK IF HUNDER LY AMORRIED 10. ADE OF SIRTH 7. ADE (1). HOUSER LY TARK IF HUNDER LY AMORRIED 10. ADE OF SIRTH 10. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COLUMN AMORRIED 10. ADE OF SIRTH 13. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COLUMN AMORRIED 14. MOTHER'S MANDER NAME 13. FATHER'S NAME 14. MOTHER'S MANDER NAME 14. MOTHER'S MANDER NAME 15. ADMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. ADMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. ADMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. ADMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. ADMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. ADMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. ADMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. ADMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. ADMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. ADMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. ADMED FORCES? 18.			I ON A FARM	M?
Male White who we done of the property of the		DECEASED	Of .	
Maryland USA Maryland USA	1		(ort,birthday)	HRS.
William Engler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address [17. to. o. of bishooms] [18. per your or driven of driven driven of driven driven of driven of driven driven driven driven of driven d		during most of working life, even if retired)		ITRY?
Tree, no. struktoon (1) yes, give wer or does of service) 218-10-1175 Mrs Goldie Engler, same as 2				
PART I. DEATH WAS CAUSE (8) DUE TO	4	(Yes, no, ar unknown) (If yes, give war ar dates of service)		
20c. TIME OF INJURY Hour a.m. p. m. 19 20d. INJURY OCCURRED While Nat while of work 20e. PLACE OF INJURY (Home, form.) Factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S G. H. Faubert, M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER APTIL 27, 1961 22c. NAME (Type) Park Cem. Burial 22d. LOCATION (City, town, or county) Burial 23d. REGISTRAR'S SIGNATURE LOUGON Park Cem. 24d. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	PART CANADA	Candilians, if ony, which gove rise to immediate couse (o), stoting the underlying couse tost.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOP PERFORMED? YES NO	?
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection A. Inquiry And in opinion death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner ACTUAL SIGNATURE ACTUAL SIGNATURE ACCIDENT MADE (Type) G. H. Faubert, M.D. DEPUTY MEDICAL EXAMINER APril 27, 1961 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) Control Burial 4/29/61 Loudon Park Cem Baltimore, Md. 23. FUNERAL DIRECTOR'S SIGNATURE April 240. REGISTRAR'S SIGNATURE Control			CE OF INJURY (Home, form, † 20f. (City or town) (County) (Stat	ite)
PAME (Type) G. 11. PRUDETT, 11. D. DEPUTY MEDICAL EXAMINER A 1911 1 27, 1961 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) BUT 13.1 4/29/61 LOUGON PARK Cem. Baltimore, Ma. 23. FUNERAL DIRECTOR'S SIGNATURE A 24d. RECIDENT RAR'S SIGNATURE		21. I certify that I took charge of the remains described abort opinion death resulted from: Natural causes Accident [ACTUAL SIGNATURE SIGNATURE		
23. FUNERAL DIRECTOR'S SIGNATURE CLICKLY ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	1	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, tawn, or county) (Stote)	
	1.0	23. FUNERAL DIRECTOR'S SIGNATURE Character DDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	

TO DEPUTY MEDICAL EXAMINATE: This certificate should be executed within 24 hours after death. If ony deloy is necessory, please execute the certificate, writing the world "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS. AISME SM 2/57

FOR STATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, or removal, and in any event within 72 hourselfer death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF A STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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OF A STATISTICAL RESEARCH AND RECORDS AND RESEARCH AND RECORDS AND RESEARCH AND RECORDS AND RESEARCH AND RECORDS AND RESEARCH AND R 03836 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

•	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)						
	e. COUNTY Anne Arundel MARYLAND	Maryland b. COUNTY Anne Arundel						
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)						
/		North Beach Park						
	North Beach Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE						
	A 4. 17	ON A FARM? YES NO TA						
	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer						
9	DECEASED	OF						
	XENIA MARIE	FARR ADILL 25, 19 OL						
7	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.						
A	Female White WIDOWED Y DIVORCED N	ov. 26. 1892 66 yrs.						
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Hansk Clerk Ret. U.S. Gov.	Fineland USA						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Tabu Taluan	Trulamanum						
	John Leinor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18.	Unknown Address						
	(Yes, no, or unkown) (Ifyesgive weror detes of service)	NFORMANT 3700 New York Ave.						
		John Smith-Daughter- Union City N. J.						
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH						
	IMMEDIATE CAUSE (e) Carbon monoxide po	isoning						
	7/6.0 DUE TO							
	Conditions, if any, which \ (b)							
	geve rise to immediate cause							
	(e), stelling the underlying cause lest.							
	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY						
	FART II. OTHER SIGNIFICANT CONDITIONS CONTINUOUS TO BEATING	PERFORMED?						
	<u>S</u>	YES NO ST						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2Do. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING TO CAUSE OF DEATH.	nter neture of injury in Pert I or Pert II of item 18.)						
	Comragration	in the home						
	ZDc. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, † 20f. (City or town) (County) (Stete)						
	To low the state of the state o	House North Beach Park, A.A., Md.						
-	21. I certify that I took charge of the remains described above, he							
	death resulted from: Natural causes , Accident , Suici	de, Homicide, Undetermined manner						
	not 0 1	CHIEF MEDICAL EXAMINER						
~	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED						
	EXAMINER'S D CC	DEPUTY MEDICAL EXAMINER 4/24/61						
	NAME (Type) Russell ?5. Fisher, M.D.	Address (Street, city, town, or county)						
	22e. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR							
H	ADDRESS ADDRESS ADDRESS ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
	Hutchens Funeral Home Owings, Marylan	d DATEMAY 1 '61 author S. Krous						
	indocuents Laneral nome owings, Larylan	IU I DAIL						

E - Line and Line 12 xxxxx lol +. ... cv. no me transfer de la contra en contr . St., . . A . Stort found) (brook) - earlier to the color Tuesell - Tight, d.F. e ov 1-1 1 1 3, 1 61 c c c c d d e c c d d e c c d d e c c d d e c c d e c d e c c d e c d e c c d e

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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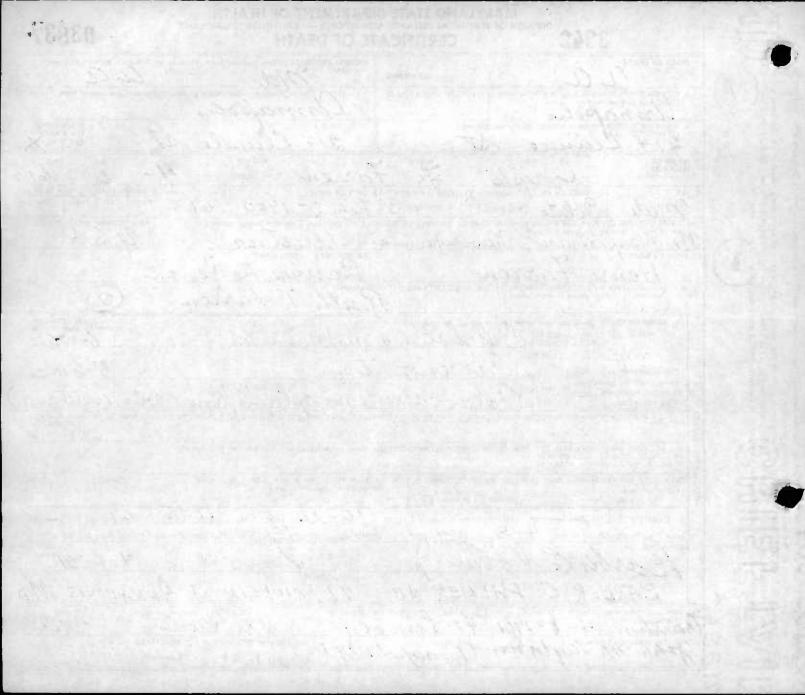
03837

TO HOSPITAL OR ATTENDING SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspit, attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directors. And a standard for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, crematian, ar remaval, and in any event, within 7 boars after death.

VR A1S (4) 1SM 9/59

	PLACE OF DEATH a. COUNTY AMA	RYLAND	2. USUAL RESIDENCE (WHO a. STATE	here deceased lived. If instit b. COUN		efare admission)
	b. CITYOR TOWN (If outside carporote limits, write RURAL and give nearest fawn)	Y IN 1b	c. CITY OF TOWNUT O	autside carporate limits, write	e RURAL ond give	nearest tawn)
	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION Laude		d. STREET ADDRESS	lande x	11	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) A seble First Midd Fig.	lle 7	Lost	4. DATE A OF DEATH	Aonth -	Day Year 1961
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR WIDOWED DIVORE		Fely 2 19	9. AGE (In year lay birthday		AR IF UNDER 24 HRS.
100	2. USUAL OCCUPATION (Give kind of work done on 10b. KIND OF BUSINESS during most of working life, even if retired) Mewspapers	OR INDUST	RY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN	S, A.
13.	Henry Farren		14. MOTHER'S MAIDEN N	2 De Rew	al	
	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) (If yes, give wor or dates of service)	10. 17. ING	with T.	Farren"	Address	2
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	m +	malmutr	ilion		NTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost.	rcin	oma sple	enir flexure	colon	undetermi
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED.	(Enter nature of injury in	Part I ar Part II af item 18.)		
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. P. m. 19 While Nat while at work at work		E OF INJURY (Hame, farm iry, street, affice bldg., etc		(Caun	ity) (State)
	21. I certify that (I) (this hospital) attended the decease saw the deceased alive an 1967, ar		*766	60 to 4-0		that (I) (====) last ate stated abave.
	Sarby C. Valmer	М.	D. ATTENDING M. DI	ED. STAFF PHYS.	4-	6-61 SIGNED
	BARBER C. PALMER	VR.	77 FRAN	KLIN ST.	ANNAP	OLIS MI
230	g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF SE PREMOVAL Specify) 4-8-1961 ++ 1	METERY OR	en	224 JOCATION (City, tow	Co	Med (State)
24	June M. Stey Les Sus Comme	polis	Md DATE AP	- 301	EGISTRAR'S SIGNA	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 3843 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give nearest tawn) Pasadena should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Mountain Road Mountain Road YES NO in buo NAME OF Middle 4. DATE First Month Day filled ges 1 LAURA APRIL 1967 DEATH Pages (Type or print) 9. AGE (In years 8 dost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH Female White March Months Doys WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Dagler Maranda Watts 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Ethel Smith, 2912 Montebelloe Terrace INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO ardiae decompensation ۵ Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) WEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. of work of work

29, 1941, that I last saw the deceased 21. I certify that I attended the deceased from Lee 1961 and that death accurred at 11:30 A.M. from the causes and on the date stated above.

ACTUAL SIGNATURE

DATE SIGNED

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Baltimore National

22d. LOCATION (City, town, or county) Baltimore

ADDRESS (Street, city or town, state

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Wm. Cook, Inc., 1217 St. Paul Street

DATE MAY 2 '61

Circlian & Trava

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may be retained by the property FUNERAL DIRECTOR:

3 should be he registror

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ofter death.

executed within 24

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. burial-transit permit. File pages 1 and 2 with the State Board of Health, a. COUNTY a. STATE Maryland Anne Arundel b. COUNTY Anne Amindel MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearast town) Annapolis Annamolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM 53 Shaw Street Anne Arundel General Hospital YES NO NAME OF Middla 4. DATE Month Yeer DECEASED 19 61 KEITH B. FORRESTER April (Type or print) DEATH 6. COLOR OR RACE 8. DATE OF BIRTH AGE (in yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. last hirthday) Months Hours Nov. 18-1959 Male Colored WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if relirad) Provident Hosp. Balt. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Audrey B. Harris Bernard A. Forrester
15. WAS DECEASED EVER IN U.S. ARMED FORCES? This certificate should be executed within 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) ! (If yasgiya war or dates of sarvice Audrey B. Harris-53 Shaw St. Anna. Md. 18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Peritoneal hemorrhage IMMEDIATE CAUSE (a) DUE TO removal, Ruptured liver Conditions, if env. which (b) "pending" gava risa to immadiata cause lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a rits designated agent, prior to burial, cremation, or ren DUE TO (a), steling the underlying Blunt-force abdominal injury PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 1 NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Blow to upper abdomen incurred in undetermined manner 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stata) While Not While factory, street, office bldg., etc.) 1967 at work at work Annapolis DEPUTY MEDICAL EX 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection I Inquiry Accident X Suicide death resulted from: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED d SIGNATURE DEPUTY MEDICAL EXAMINER h/16/61 EXAMINER'S W. Bradley King, Jr., M.D. NAME (Typa) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Annapolis, Maryland Brewer Hill 4-19-61 0 240 g Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME C.E.Hicks LLL Annapolis. Md. DATE APR 21 '61 Cirthun S. Kraus 5M 7/59

ACRESTAND STATE DEPARTMENT OF HEALTH

I share I show Ferrit Borants Ed. fermos ismovidant, onu THE RESERVE TO STATE OF THE PARTY OF THE PAR THE THEORY AND THE TRANSPORT 10.00 Emily 10.00 Lines . The aller and the first trees are recommended. the same brightness and the Person of the Same and the Sa Mant- Cree abdomine Injury EN AGUE and of early established and the state of th iller rescre A CONTRACTOR SECTION AND ADDRESS OF THE PARTY OF THE PART n, t, H telul lien to muroliky a C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

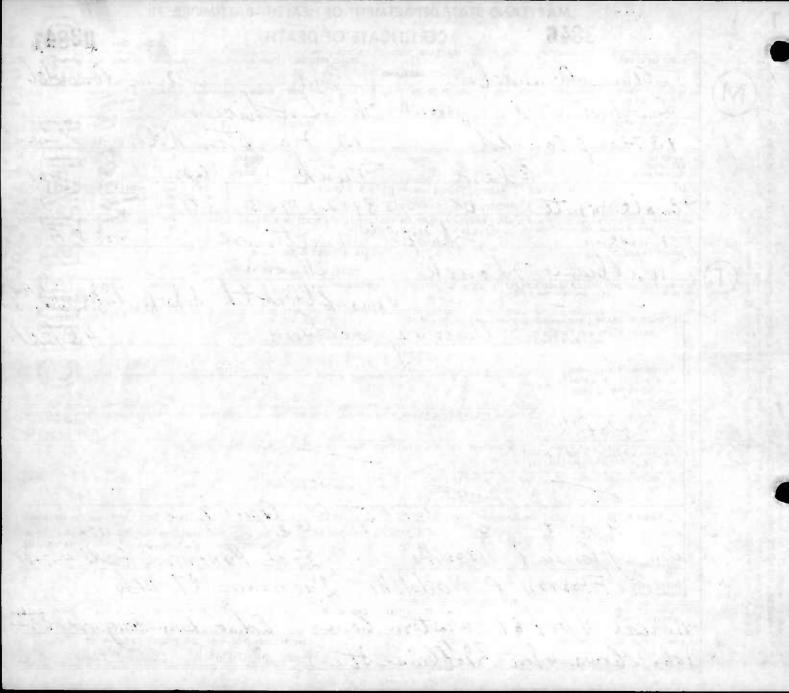
Reg. Dist. No. (13840)

1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY A A
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MASON'S BEACH, DENKE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Harry It. Middle	razier 4. DATE OF Month Day Year 1961
Male WILLIAM WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1/26/87 Yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRING most of working life, even if retired) WORER, Tredsury Debt 1115 4700 +	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ARTHUR FYSZIER	Idd U, Robinson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	THEL M FRAZIET, MUSONS BENCL Mid.
18. CAUSE OF DEATH [Enter only one couse pertiny for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OF OR OF Y DUE TO Conditions, if any, which) (b) After a Sclera	thrombosis interval Between onset and Death, Timmediate
gove rise to immediate couse (a), stating the under-lying couse last.	7 7 9000
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40 PLY Hour o. m. 19 While 10 twork 10 two	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
21. I certify that I attended the deceased from March	1, 1961, to Afril 26, 1961, that I last saw the deceased
alive on March 3, 19 61, and that death	occurred at 8 A.M., from the causes and on the date stated above.
SIGNATURE TVILLAR SIGNATURE	M.D. Shady Side and 4/27/6/
PHYSICIAN'S WILLARD SMITH	
220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE LEAVE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
(General Nove)	DATE BRAY 9 161 Galling & Thomas

TO FUNERAL DIRECTOR: After as certificate has been signed by the attending physician and campletely filled in by the funeral directors. After as certificate has been signed by the attending physician and campletely filled in by the funeral directors as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page TO HOSPITAL OR ATTENDING PH VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF PRALTH-BALTIMORE, IS DESCRIPTION OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3846 CERTIFICATE OF DEATH Reg. Dist. No. 13841 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. COUNTY ed b. COUNT MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give nearest town) RUPSL and give pearest town) P the d. NAME OF HOSPITAL (If not in hospital, give street address e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? by 2 HaIN YES NO NO = NAME OF First Middle Last 4/DATE Month Day Year filled DECEASED (Type or print) DEATH ages 1961 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours DIVORCED WIDOWED 1 YIS. campl paper 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stafe or fareign country) 12. CITIZEN OF WHAT COUNTRY? death. meade during most of working life, even if retired) Camp and pau after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Car remave haurs 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT yes, give war or dates of service) attending | 72 ease within 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).] INTERVAL BETWEEN ā PART I. DEATH WAS CAUSED BY: provo IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gned gave rise to immediate DUE TO couse (a), stating the underlying cause last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? remaya has YES NO D attending | 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate ō os 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, affice bldg., etc.) a m While 19 at work at work that I attended the deceased fram. that I last saw the deceased that death occurred at M, fram the causes and an the date stated above. FUNERAL DIRECTOR: ADDRESS,(Street, city or town, stote) ACTUAL pe SIGNATURE Pri 3 should PHYSICIAN'S NAME (Type 22a. BURIAL, CREMATION, 22b. DATE THERE 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATOR page EMOVAL (Specify he 0 FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) arihur S. Kraus APR 1 0 '61 15M 9/58



o co		384	4
sho	1. !	PLACE OF DEATH	1. C
	t	ond give neorest town)	-
is needon.		. NAME OF HOSPITA	
any delay i funeral dirr rr yaur files registrar pr	-	NAME OF DECEASED (Type or print)	
the for	5. 9		6. COLO
デーキャキ		M.	
and 3 to the retained and 2 with the	10a	. USUAL OCCUPATIO	
after 2, an y be I and	13.	FATHER'S NAME	12/12/
4 hours a ages 1, 2, 3e 5 may pages 1 c			
vithin 24 hau Give Pages 13. Page 5 i 1. File page	1S. {Yes	WAS DECEASED EVE	R IN U. S. (If yes, give v
P.M.3. Gi		18. CAUSE OF DEAT	H [Enter o
This certificate should be executed within 24 hours after death. ord "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to axaminer's Office along with farm PM3. Page 5 may be retained to be used as a burial-transit permit. File pages 1 and 2 with		gave rise to immed	y, which
certificate sh pending" in ner's Office be used as a	CATION	PART II. OTH	ER SIGNIFI
This cert'pord "pend" Examiner's auld be u	CERTIFICATION	20g. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.	SE WAS
NER: This	MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Mon
EXAMIN riting if of Medic	Α.	21. I certify th	at I taa
L EXAM writing writing of the Page OR: Page	H	death resulted	
AEDICAL EXPIRITED IN THE Chief DIRECTOR:			QV
MEDICAL EX		ACTUAL SIGNATURE	An
TO DEPUTY MEDICAL EXAMINER: cute the certificate, writing if forwarded to the Chief Medic TO FUNERAL DIRECTOR: Page 3 shoot remayal.		EXAMINER'S NAME (Type)	E.
cute forward or re-	22a	BURIAL CREMATION REMOVAL (Specify)	N, 22b. D.
13	23.	FUNERAL DIRECTOR	SIGNATI
VS. AISME(S) SM 9/SS		1 xightala	Peal.

	384	7 ME	DICAL	EXAMINE m G285 4	R'S	CERTIFICA 61 iwk	TE OF	DEATH	Reg. Dist.	No. ()3842
1.	PLACE OF DEATH	1.00.	9	MARYL		2. USUAL RESIDENCE (a. STATE		sed lived. If institu b. COUNTY		before admission) • A •
	ond give nearest town)	1	e RURAL	c. LENGTH OF STAY IN	1 1b	e. CITY OR TOWN (If outside cor		RURAL and give	e neorest town)
	. NAME OF HOSPITA	L OR INSTITUTION (tal, give street address)		d. STREET ADDRESS	A C HOLD			e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	SAM	x1 1 = 5.	Middle	74	low Acy	4. DATE OF DEATH	Month	5	
5. :	M.	6. COLOR OR RACE	7. MARRIED WIDOWED [5-11-0/	á Tei	9. AGE-(Intyeors , lint birthdby) yrs.	Manths Days	
100	USUAL OCCUPATION furing most of working	life, even if retired)	dane 10b. KIN	ID OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Store	e or foreign	pountry)	12. CITIZEN	OF WHAT COUNTRY
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME	/		
	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. SC	OCIAL SECURITY NO.	17. INF	ORMANT		Address		
	PART I. DEATH	ate cause	Cas	edere						ITEN/AL BETWEEN NSET AND DEATH SELLER
CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERA	AINAL DISEAS	E CONDITION GIV	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20g. EXTERNAL CAUS PRIMARY or CON CAUSE OF DEATH.	SE WAS TRIBUTING -	b. DESCRIBE H	OW INJURY OCCURRI	ED. (Enl	er nature of injury in Po	rt I ar Port II	of item 18.}		
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Yea	20d. IN. While at work	_ Not while _		OF INJURY (Home, for r, street, affice bldg., etc		or town)	(Caunty)	(Stote)
	death resulted ACTUAL SIGNATURE EXAMINER'S	at I taak charge fram: Natural	- Audio		Suicio	e, held an Autap de, Hamicid M.D. CHIEF MEDICAL E ASSISTANT MEDIC	e , U EXAMINER CAL EXAMINE		Inquiry [ause].	DATE SIGNED
220	NAME (Type) BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC	19/12	C. NAME OF CEMETER	Y OR CI	DEPUTY MEDICAL		TION (City, town, o	or county)	(Stoje)
23.	FUNERAL DIRECTOR'S	SIGNATURE Les Ly X	M	ADDRESS GOVE	Mi	240. REC	D BY REGIST		TRAR'S SIGNAT	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ald be filed with ICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page TO HOSPITAL OR ATTENDING PLYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pagmoy be retained by the haspite attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral direct page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed withe State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/S9

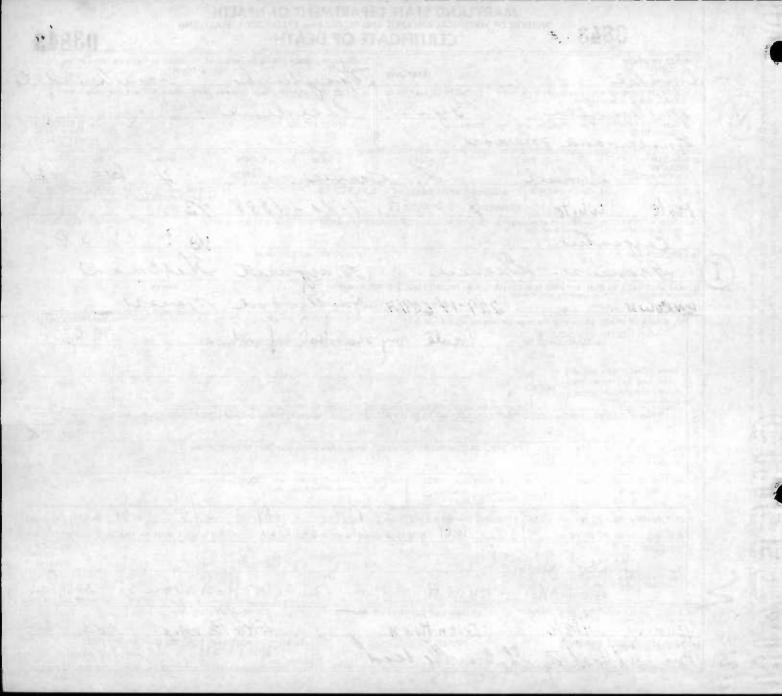
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3848

03843

	1. PLACE OF DEATH .a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
6	arundel MARYLAND	Afteredante Unou Urundel
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	CITY OF JOWN (If autside carporate limits, write RURAL and give nearest tawn)
	millersville oys.	Fredera
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Inallwood manor.	YES NO
1	3. NAME OF Pirst Middle	Last 4. DATE Manth Day Year
V	OFCEASED (Type or print) Samuel L	Yarver DEATH 4 6 8 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	1-18-1888 73 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	11, 3 9154
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	The state of the s	Was a William I
	Francis . Harver.	Margarel Sellman
_	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address
	UNKOWN 229-14-129/17	Inallwood Manor
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL SETWEEN
	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN
	IMMEDIATE CAUSE (a)	ocordual infanction & hours.
	4201 DUE TO	
	Canditians, if any, which) (b)	
	gave rise to immediate	
	Luin course last	
	/ (c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	O F ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMEDY
	5	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
,		
/		LACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State)
	Haur a.m. 19 While Nat while for	actory, street, affice bldg., etc.)
	p. m. 19 at wark at wark	
	21. I certify that (I) (this haspital) attended the deceased fram.	1901, ta 4/5 1901, that (I) (we) last
	saw the deceased alive an 413 1961, and that	death accurred at 25 AM, from the causes and an the date stated above.
	22a. SIGNATURE	22b. DATE
-	Elvard Church	ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS. SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS
Ь.	NAME (TYPE) GERAAD CHUNCH	121 CATHED OM ST ANNAPOLISM.
	Ge will clinical	121 (11116)/(1221)
	23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR GREMATORY 23d. LOCATION (City, tawn, ar caunty) (State)
)	BUYIN 4/8/61 Fien Haven	Gren Burnie Mc
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
13.	Berneldhardiet Hounde le	DATE APR 11 '61 Circling S. Kruns
3	renewal revailey removed	PT DATE



VS A15 (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3843

CERTIFICATE OF DEATH

Reg. Dist. No. 03844

		Reg. Dist. No.0 - 0 - 3
V	1. PLACE OF DEATH ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY AA
	b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie
	or Institution Ave S. W.	d. STREET ADDRESS 102 Fourth Ave SW e. IS RESIDENCE ON A FARM? YES NO A
	3. NAME OF DECEASED (Type or print) BERTHA GRAC	E GEYER OF DEATH April 17 1961
	F WIDOWED DIVORCED	B. DATE OF BIRTH 2/17/1882 9. AGE (In years lost birthdoy) 1 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS.
	10a. USUAL OCCUPATION (Give kind of wark dane) during most of warking life, even if retired) Saleslady Dep t Store	TRY 11. BIRTHPLACE (State or foreign country) Tennessee USA
1	13. FATHER'S NAME Henry Sill	Mary E. Terry
)		Mrs Nellie Grimes, same as 2
	Conditions, if any, which gove rise to immediate code (a), stating the under-lying cause lost. DUE TO CARCINOM (b) DUE TO (c)	
	ICATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \) NO \(\bigcirclete{\infty}
)		D. (Enter noture of injury in Part I ar Part II af item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 White Not white of work of work	ACE OF INJURY (Hame, form, 20f. (City or tawn) (Caunty) (State) tary, street, affice bldg., etc.)
	21. I certify that I attended the deceased fram. alive an Bfnill 6, 1961, and that death ACTUAL SIGNATURE PHYSICIAN'S JOSEPH TALER, M. NAME (Type)	accurred at 1246 M, from the causes and an the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNED ADDRESS (Street, city or town, stote) DATE SIGNED ADDRESS (Street, city or town, stote) DATE SIGNED A-17-6, D. Glew Burne Md.
	220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF LOUGON PAT	
	Hopping and Kirkley, Glen Burnie,	Md . DATE D 2 D '61

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OR STATE LITH DEPT.

TO DEPUTY MEDICAL EX NNER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13845

۰	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare deceased lived, If institution, Residen	nce before admission)
	A.A. Co . MARYLAND	a. STATE MD b. COUNTY ALC	0
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
	d. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give street and ess)	d. STREET ADDRESS	e. IS RESIDENCE
1	D.O.A- Anne amedel Len	R1.#2	YES NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day	Year
	(Type or print) John W.	Hensley DEATH 4 25	196/
	A I I I I MANNIED A NEVER MANNIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthday) Months Days	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUST)	1-30-1730 31 yrs.	
	done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN C	OF WHAT COUNTRY?
7	13. ATHERS HAME	ORlahoma 1,5	A
1	S. Mindelle Market Company	14. MOTHER'S MAIDEN NAME	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
	(Yes, no, or unkown) (ty)sgivewarordatasofservice)	1/2 - 1 - 1/2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
9	18. CAUSE OF DEATH [Enter only one cause par lina for (a), (b), and (c).	Theda Hensley 3	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		NSET AND DEATH
	IMMEDIATE CAUSE (a) MULTIPLE	yanes,	unaus.
4	Conditions, if any, which		
	gave rise to immediate cause		
	(e), stating the underlying DUE TO		
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		PERFORMED?
		(Enter nature of Injury in Part I or Part II of item 18.)	
3	CAUSE OF DEATH. Crone vaone	bul on Sugar	
100		ACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
	Mile Not While Not While Not While Not While I 4/h	Street HNNSpolis- Alla	MD
	21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection . Inquiry . and	in my opinion
	death resulted from: Natural causes , Accident . Suid	cide, Homicide, Undetermined manner	
		CHIEF MEDICAL EXAMINER	
-	SIGNATURE Chiu Laudh	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER	21/6/
d	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	Address (Streat, city, town, or county) R CREMATORY 22d, LOCATION (City, town, or country)	(State)
	BREMOVAL (Specify) H- 98-1911 No Dalas	+m. 11 - 12 2	na.
	23. EUNERAL DIRECTOR (2) APORESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNAT	URE
	John M. Fayler Suns Commaker	as MR DATE APR 28'61 Cirting 8. to	
1	11 consultation	TO TUALE ALLE ALLE	

THE STATE OF THE SECOND AND THE SECOND SECON Significance have all years that is SHADOW COMPANY STORY The state of the same of the s The second of the second The same of the sa not some the sound of the sound Part Total Comment of the Comment of TO HOSPITAL OR ATTER 16 PHYSICIAN: The law requires that the death certificate be executed within 24 hours are death. Page 4 may be reliable by the hospital or attending physician.

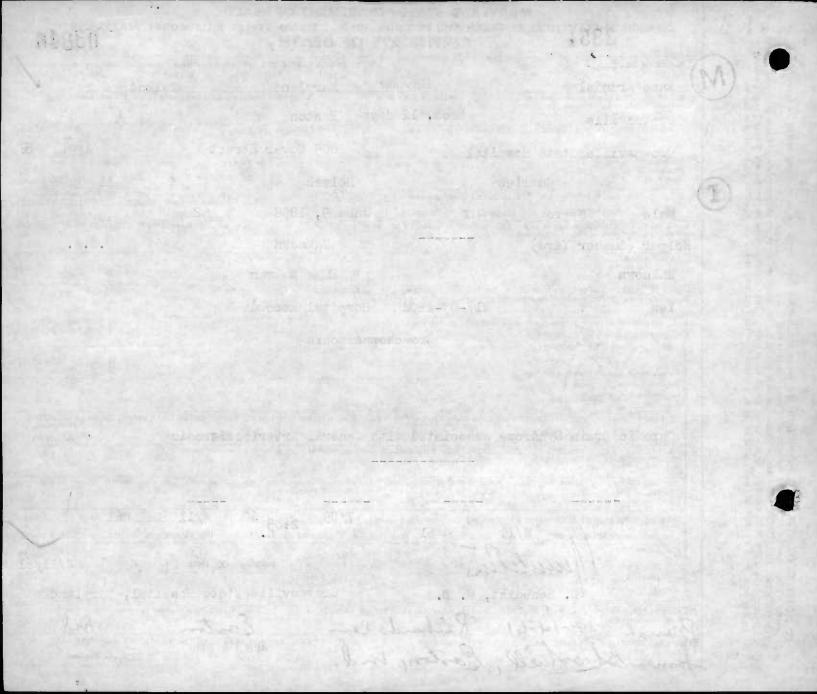
\$ \int \text{TO FUNERAL DIRECTOR:} After this certificate has been signed by the attending physician and completely filled in by the funeral of intercor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

C

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	-							
	T	PLACE OF DEATH a. COUNTY			CE (Where decessed lived, If i		efora edmission	
V	1	Anne Arundel	MARYLAND	a. STATE Maryland		lbot	V	
1		b. CITY OR TOWN (if outside corporale limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		f outside corporate limits, write		est low=)	
		Crownsville	8mos. 12 days	Easton	2	024-	2	
1		d. NAME OF HOSPITAL OR INSTITUTION (if not	t in hospital, give street address)	d. STREET ADDRESS		8.	ON A FARM?	
V		Crowneyille State Hos	inital	605 Dove	r Street	Y	ES NO	
	3.	Crownsville State Hos	Middle	Last	4. DATE Month	Day	Yeer	
1		(Type or print) Charle	s	Holmes	DEATH 4	11	1961	
	5.	SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In yeers last birthdey)		UNDER 24 HRS.	
1				June 9, 1898	62 yrs.	Months Deys Ho	ours Min.	
	10	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTRY		ty & State, or foreign country)	12. CITIZEN OF W	HAT COUNTRY?	
	- 12	Helper (Lumber Yard)		Unknown		U.S.A	1.	
	13	. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
П		Unknown		Emma New	m an			
		. WAS DECEASED EVER IN U.S. ARMED FORCES		NFORMANT	Address			
	(1)	es, no, or unkown) (Ifyesgivewarordatesofservic	217-03-2204 I	Hospital Reco	ords			
		18. CAUSE OF DEATH [Enter only one cause	se per line for (e), (b), end (c).]				AL BETWEEN	
		PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e)	Bronchop	neumonia		ONSET	AND DIAIN	
		DUE TO						
		Conditions, if eny, which (b)						
11		geve rise to immediate cause (e), stating the underlying DUE TO						
		cause lest. (c)						
	NO	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. V	WAS AUTOPSY PERFORMED?	
	CATI	Chronic Brain Syndrome Associated with General Arteriosclerosis						
)	CERTIFICATION	20e. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in I	Part I or Pert II of item 18.)			
		20c. TIME OF INJURY Month, Day, Yeer	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm	n, 20f. (City or town)	(County)	(Stete)	
	MEDICAL	Hour e.m.	While Not While factor	ory, street, office bldg., etc.	.)			
	2	21. I certify that (I) (this hospital)		7/29	1060 10 1/11	, 1961., that	(1) (wa) last	
		21. I certify that (i) (this nospital)	19.61, and that	2:0	A. M. from the causes			
		saw the deceased alive on4	17 and mar	dealli occured al	AR.M. HOIII IIIE COUSES	and on the date	22b. DATE	
		Allund	16- M.	OUNC C	MED. STAFF		4/11/61	
		22c. PHYSICIAN'S	1 Vi	22d. ADDRESS			-7/ -2/ 02	
		NAME (Type) L. Benedi	ct. M. D.	Crownsvil	lle State Hosp	ital, Mary]	Land	
1	23	e. BURIAL, CREMATION, 23b. DATE THEREOF		OR CREMATORY	23d. LOCATION (City, tox	wn or county)	(Stete)	
A	6	Demoval (Specify) 4-14-6	1 Kichards	Cem	Caston	h	10,	
0	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1 250. REC	PAN REGISTRAR 256. REG	GISTRAR'S SIGNATURE		
7,		James Blookell	Coston, h	d, DATE		arthur S. Kran	us	
1	7		1					



Hopping Funeral Home

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

02041

		36	352	CERT	TIFICA'	TE OF DEATH		14860
M		LACE OF DEATH . COUNTY	Anne Aruho	del "	ARYLAND	2. USUAL RESIDENCE (Whe	I COUNTY	nn: Residence befare admission) Anne Arundel
	Ь	RURAL and give n		ts, write c. LENGTH OF S	STAY IN 16		otside carporate limits, write RI	JRAL and give nearest tawn)
63		OR INSTITUTION	ITAL (If not in hospital, g			715 Montes	rey Ave.,	e. IS RESIDEN ON A FAR YES \ NO
		IAME OF DECEASED Type ar print)	Fire Mabe		iddle	Lost HOUSLEY	4. DATE Man	th Day Year 28 . 19
	s. s	ex emale	6. COLOR OR RACE White	7. MARRIED NEVER M.	ARRIED	B. DATE OF BIRTH May 19, 1901	9. AGE (In years last birthday) 59 yrs.	Manths Days Haurs
	10a.	USUAL OCCUPATION during most of work House wi	rking life, even if retired)	done 10b. KIND OF BUSINE own home	SS OR INDUS	STRY 11. BIRTHPLACE (State of Maryland	or fareign cauntry)	U.S.
I) 15. 1	Jose	eph T. Meeki	ns CES? 16. SOCIAL SECURITY	r NO. 17, IN	Margaret	Parkinson Addr	ess
	1103	no 18. CAUSE OF DE	(If yes, give war or dates of so NO ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	none		Meumenel	usley- Husband	- same as # 2
/		Canditians, if gave rise to cause (a), stating lying cause last	the under-					
	CATION		A	outions contributing to	4.1		NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUT PERFORME YES X N
7		20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE HOW INJU	RY OCCURRE	D. (Enter nature af injury in P	ort I ar Port II af item 1B.)	
	MEDICAL	20c. TIME OF INJU Hour o.m. p.m.	10	ar 20d. INJURY OCCURRED While Nat while at wark ot wark	fac	ACE OF INJURY (Home, form, tary, street, affice bldg., etc.)		(Caunty)
						leath accurred at		d an the date stated ab
1		22c. PHYSICIAN'S NAME (Type)	General bh	ap CHURPH		M.D. ATTENDING ME DIR	D. STAFF RECTOR PHYS.	4/29/61.
B		BURIAL, CREMATI REMOVAL (Specify Burial	ON, 236, DATE THERECO	DF 23c. NAME OF	CEMETERY O	r CREMATORY 1 Cemetery	ral St., Annap 23d. LOCATION (City, town, Annapolis, Ma By REGISTRAR 25b. REGI	or county) (Stote)

Annapolis, Maryland

DATMAY 3

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arthur & Know

IICIAN: The law requires that the death certificate attending physician. TO HOSPITAL OR ATTENDING
may be remined by the haspit
TO FUNERAL DIRECTOR: After I

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3853

MARYLAND STATE DEPARTMENT OF HEALTH

I, MARYLAND

IVISION (OF STATISTICAL	RESEARCH AND	RECORDS — BALTIMORE	
	CEI	RTIFICATE	OF DEATH	

3853	CERTIFIC	ATE OF DEATH		03848
1. PLACE OF DEATH a. COUNTY	// MARYLAN	g. STATE	ere deceased lived. If institution: Red	Idealce befare admission)
BURAL and give nearest fawn)	2	Dever	utside carporate limits, write RURAL a	
d Name of Hospital What in haspital of Institution	cal H portal	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Marthua	First Middle Middle	or Last	4. DATE Month OF DEATH 4. DATE	Day Year 28 196/
5. SEX 6. COLOR OR RACE	VIDOWED DIVORCED	B. DATE OF BIRTH 9-27-18	9. AGE (In years lest birthday) 8 yrs.	DER 1 YEAR IF UNDER 24 HRS. hs Days Haurs Min.
100. USUAL OCCUPATION (Give kind af wo during mast af warking life, even if reti	rk dane 10b. KIND OF BUSINESS OR IN red)	DUSTRY H. BIRTHPLACE (State	priareign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Harrod	14. MOTHER'S MA/DEN N	AME Home	al.
15. WAS DECEASED EVER IN U. S. ARMED F		Sabell)	Vatto Sever	ua Donks.
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED B IMMEDIATE CAUS	Y: Parelines = 0	Vaserlas	andont	INTERVAL BETWEEN
Canditions, if any, which		send Car	bo- Vascul	Par
gave rise to immediate cause (a), stating the <u>under-</u> lying cause last.	1/1	re		
PART II. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	nal disease condition given in	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH R) 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in F	'art I ar Part II af item 18.)	
ZOc. TIME OF INJURY Manth, Day, Haur a. m.	Year 20d. INJURY OCCURRED While Nat while at wark at wark	PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc.		(Caunty) (State)
21. 1 certify that (1) (this hospi	tal) attended the deceased fra	. 110		9, that (1) (we) last
saw the deceased alive an. 22a. SIGNATURE	37 4 19 , and the	M.D. ATTENDING ME	M, from the causes and on	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	CFY	C L C	otheles	27
23a. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify) 5-4	1961 PAME OF CEMETER	ter Hall	23d TOCATION (City, town, or coun	Bay Ma
24 FUMERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'I	BY REGISTRAR 256. REGISTRAR'S	SSIGNATURE

TO HOSPITAL OR ATTENDING VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11001

. PLACE OF DEATH					
e. COUNTY			CE (Whare decessed lived, If		ce before admission
Anne Arundel	MARYLAND	e. STATE Maryland	b. cour Ba.1	timore Ci	ity
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		f outsida corporate limits, write		
write RURAL and give neerest town) Crownsville	4mos. 5 days	Baltimor	9	SVOI	- 41
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS	•		. IS RESIDENC
Con and the state Henri	4 - 7	1706 Pmg	dfand Ctmoot		YES NO TO
Crownsville State Hospi	Middle	1/20 Dra	dford Street 4. DATE Month	Day	Yaar
DECEASED (Type or print)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*	OF		
Daker.		James DATE OF BIRTH	4	26 IF UNDER 1 YEAR	19 61 IF UNDER 24 HRS
7. MARKI		DATE OF BIRTH	9. AGE (In yaers last birthday)	Months Deys	Hours Min.
Male Negro Widow			923 38 yrs.		
e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN O	F WHAT COUNTR
Unemployed		South Car	olina	U.S.A	4.
. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Charlie James		Mamie Wil	son		
	. SOCIAL SECURITY NO. 17. IN	IFORMANT	Address		
(Ifyesgivewarordatesofservice)	50-20-6650 Ho	spital Keco	ras		
1B. CAUSE OF DEATH [Enter only one cause per		•		LINT	ERVAL BETWEEN
DART I DEATH WAS CALISED BY	erebrovascular A			ON	SET AND DEATH
gave rise to immediate cause (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 1	
					PERFORMED?
					PERFORMED?
	SCRIBE HOW INJURY OCCURED.	(Enter nature of injury in	Part I or Part fl of item 18.)		PERFORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d.	INJURY OCCURRED 200. PLAC	E OF INJURY (Home, farm	, ' 20f. (City or town)	(County)	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer Hour e.m. ——— 20d.	INJURY OCCURRED 200. PLAC		, ' 20f. (City or town)		PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer Hour e.m. p.m. 19 20d. Whi	. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farmy, street, office bldg., atc.	20f. (City or town)	(County)	PERFORMED? YES NO (State)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer Hour e.m. p.m. 19 21. certify that () (this hospital) after	INJURY OCCURRED 200. PLAC fector at work at work and at the deceased from	EE OF INJURY (Home, farm ry, street, office bldg., atc.	20f. (City or town)	(County)	PERFORMED? YES NO (State)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Hour e.m. p.m. 19 21. I certify that (I) (this hospital) after saw the deceased alive on 4/26	. INJURY OCCURRED 20e. PLAC	EE OF INJURY (Home, farm ry, street, office bldg., atc.	20f. (City or town)	(County)	PERFORMED? YES NO (State) hat (I) (we) I ate stated above
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Hour e.m. p.m. 19 21. I certify that (I) (this hospital) atters saw the deceased alive on	INJURY OCCURRED 200. PLAC fector at work at work and at the deceased from	9/1.0 ATTENDING PHYS.	20f. (City or town)	(County)	PERFORMED? YES NO (State) hat (I) (we) I ate stated above
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Hour e.m. p.m. 19 21. I certify that (I) (this hospital) atters saw the deceased alive on	INJURY OCCURRED 20% PLACE fector at work indeed the deceased from	9/10 death occured a 5.4	1, 20f. (City or town)	(County)	PERFORMED? YES NO (State) hat (I) (we) I ate stated above
20c. TIME OF INJURY Month, Day, Yeer Hour e.m. 19 Whi et wo to saw the deceased alive on 4/26	INJURY OCCURRED 20% PLACE fector at work indeed the deceased from	9/10 ATTENDING PHYS. 22d. ADDRESS	1, 20f. (City or town)	(County), 1961, t	PERFORMED? YES NO (State) hat (I) (we) I ate stated above 22b. DATE 4/26/61GN
20c. TIME OF INJURY Hour e.m. p.m. 21. I certify that (I) (this hospital) after saw the deceased alive on	INJURY OCCURRED 20% PLACE fector at work indeed the deceased from	9/10 death occured a 5.4 ATTENDING PHYS	20f. (City or town) 100 , to 4/26 0.M, from the causes AED. STAFF IRECTOR PHYS.	(County), 1961, tand on the da	(State) hat (I) (we) late stated above 22b. DATE 4/26/61 GN
20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19 Whitel wo 21. I certify that (I) (this hospital) atters saw the deceased alive on 4/26. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) L. Benedict,	INJURY OCCURRED 200. PLACE fector fec	9/10 death occured a 5.4 ATTENDING PHYS	20f. (City or town) 100 to 4/26 0.M, from the causes AED. STAFF IRECTOR TO PHYS.	(County), 1961, tand on the da	PERFORMED? YES NO (State) (State) hat (I) (we) like the stated about 22b. DATE 4/26/61GN yland
20c. TIME OF INJURY Month, Day, Yeer Hour e.m. p.m. 21. I certify that (I) (this hospital) after saw the deceased alive on 4/26 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 2a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 3a. BURIAL, CREMATION, 23b. DATE THEREOF	INJURY OCCURRED 200. PLACE fector fec	ATTENDING PHYS. 22d. ADDRESS Crownsvil	20f. (City or town) 100 to 4/26 0.M, from the causes AED. STAFF IRECTOR TO PHYS.	(County), 1961, f and on the da tal, Mar,	(State) PERFORMED? YES NO (State) (State) Additional content of the state of th
Cor CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year White Month Control of the Saw the deceased alive on 4/26 21. I certify that (I) (this hospital) after saw the deceased alive on 4/26 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 1. Benedict, REMOVAL (Specify)	INJURY OCCURRED 20%. PLACE fector of the deceased from	ATTENDING PHYS. 22d. ADDRESS Crownsvil	20f. (City or town) 1900., to 4/26 O.M. from the causes AED. STAFF IRECTOR PHYS. Le State Hospi 23d. Location (City, to Baltime To By Registrar 25b. RE	(County), 1961, f and on the da tal, Mar,	PERFORMED? YES NO (State) hat (I) (we) la ste stated above 22b. DATE 4/26/61 (State) Yland (State) TURE

TO HOSPITAL OR ATTENNATES PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funes. The functor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60

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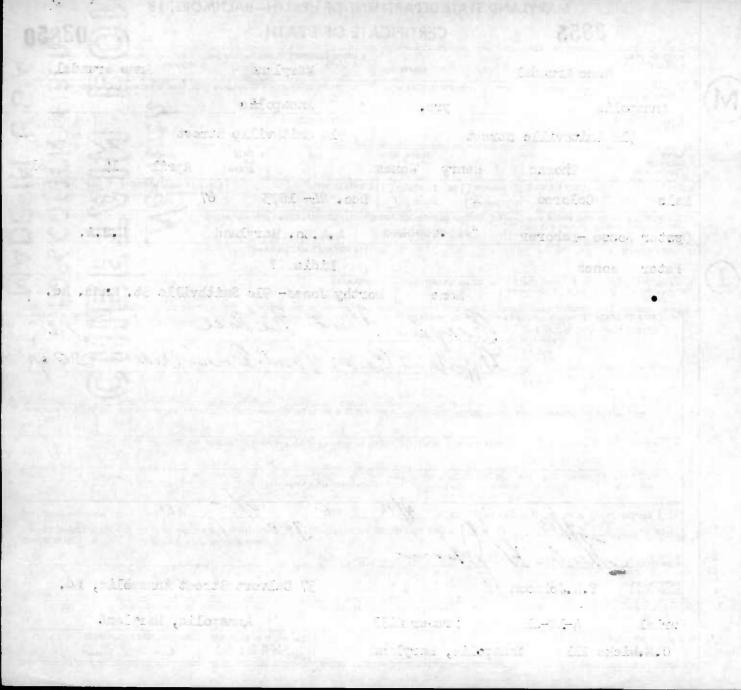
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No. 03850

	000	CERTITICA	IL OI DEAT			Reg. Dist. N	o. UU	2011
1. PLACE OF DEATH a. COUNTY A	nne Arundel	MARYLAND	2. USUAL RESIDENCE (WO. STATE Maryl		ived. If institution b. COUNTY			
Annapoli:	S	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF		te limits, write R	URAL and give n	earest tawr)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give street Smithville Str	eet	d. STREET ADDRESS 916 Smith	ville S	treet			FARM?
B. NAME OF DECEASED (Type or print)	First Thomas	Henry Jones	Last	4. DATE OF DEATH	Apri			19 61
Male	6. COLOR OR RACE 7. MAR WIDOW	7	Dec. 24- 189		AGE (In years birthdoy) yrs.	Months Days	-	Min.
Opster Hous	ng life, even if retired)	KIND OF BUSINESS OR INDUST	A.A.Co. 1	aryland		U.S		OUNTRY
3. FATHER'S NAME Peter Jo	nes		14. MOTHER'S MAIDEN	NAME		1767		
	IN U. S. ARMED FORCES? f yes, give wor or dates of service)		rthy Jones-	916 Smi	thville		na. M	d.
PART I. DEAT	H [Enter only one cause per li H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ine tor (a). (b). and (c).]	Lend 1	si Par	2		TERVAL BE	
Canditians, if an gave rise to im cause (a), stating the lying cause last.	mediate (typorlain to	ndir Mon	er//s	in the	ile IV	٥١١٥	My.
CATIO	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	PART 1(0)	PERFC	AUTOPS' ORMED?
OR CONTRIBUTING (20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)							
Y 20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 20d. I While at wor	Not while facto	CE OF INJURY (Hame, far ary, street, affice bldg., et	m, 20f. (City o	er town)	(Count	y)	(Stote
21. I certify the alive an	Herelon K	sed fram 4/16	, 19 <u>6 (</u> , ta accurred at	M, fram th		that I last so d on the da stote)	te stated	
PHYSICIAN'S NAME (Type)	T.H.Johnson		37 Ca	lvert S	treet Ar	map òli s	, Md.	
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	4-18-61	22c. NAME OF CEMETERY OR Brewer Hill	CREMATORY		polis, I	or county) Maryland	(Stot	e)
23. FUNERAL DIRECTOR'S C.E.Hicks		ADDRESS polis, Maryland		PR 21 '61		STRAR'S SIGNAT		

TO HOSPITAL OR ATTENDING: SICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspite of other death of the physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/SB



	CRUPICATE OF DEATH	1
No. of the last of		
The second second second second		must be with an extracted traff or hard (1975).
And the second s		
State and the state of the state of		

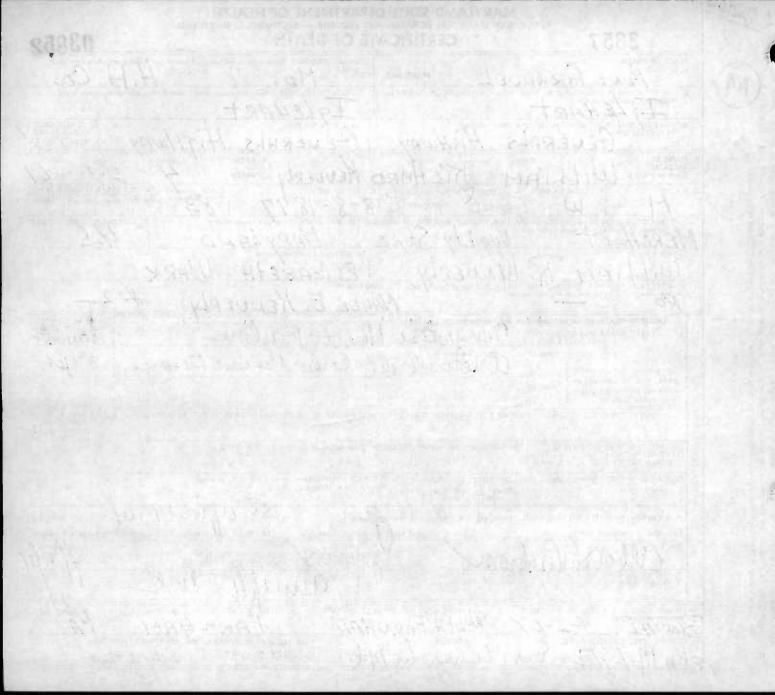
P. Chicarop MCIAN: The law requires that the death certificate be executed within 24 haurs after death. Pag TO HOSPITAL OR ATTENDING PLYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pagmay be rebained by the haspity attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directors. An additional page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

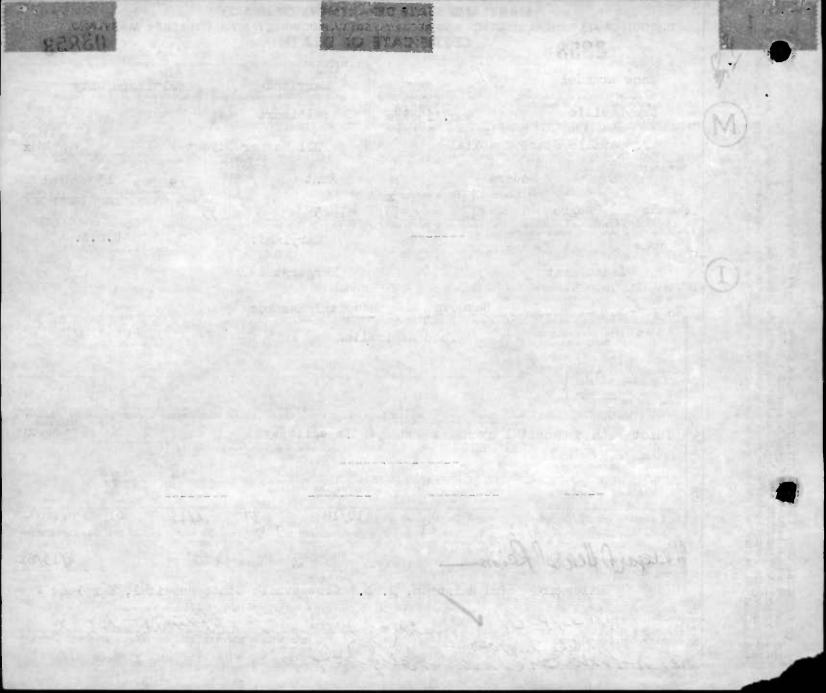
3857	CERTIFICATE OF DEATH	03852
1. PLACE OF DEATH O. COUNTY HUNE ARUND	EL MARYLAND O. STATE M.D.	sed lived. If institution: (e)idence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, we RURAL and give heares) town)	TIGLEHAR	porote limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give so OR INSTITUTION TENERALS	HIGHWAY LERALS	HIGHWAY SES NO
3. NAME OF DECEASED (Type or print)	RICHARD KEUVERLY OF DEAT	H 4 29 1961
M W WII	MARRIED NEVER MARRIED B. DATE OF BIRTH DOWED DIVORCED 8-8-1877	9. AGE (In years low firthdoy) Haurs Haurs Manths Days Haurs Min.
during most of forking life, even if retired)	VARIETY STORE 11. BIRTHPLACE, (State or foreign	country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES!	ENNERLY ELIZABETH 16. SOCIAL SECURITY NO. 17. INFORMANT	WARK
Yes, no or unknown) (If yes, give wor or dates of service	MAUDE E. KENU	ERLY #2
1B. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	congestise Heart Failu	INTERVAL BETWEEN ONSET AND DEATH 3 Magnetic
Conditions, if ony, which (b)	arlerischerate-Carley-Viesen	lar Desere 5 ys.
gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> (c)		
CATIC	ONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEA	YES NO
OR CONTRIBUTING CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or P.	ort II of item 18.)
Hour a.m.	20d. INJURY OCCURRED While Not while at wark of twork of two of work of two of tw	ity or town) (County) (State
21. I certify that (1) (this haspital) a saw the deceased alive an	ttended the deceased from the least accurred atM, fromM, from	m the causes and an the date stated above
22a. SIGNATURA CILIGO	M.D. ATTENDING MED. DIRECTOR [STAFF 22b DATE
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	is, had
23a. BURIAL, CREMATION, 23b. DATE THEREOF STATE OF STATE	230 NAME OF CEMETERY OR CREMATORY 236, LOCK ROPH FARUHAM FA	ATION (City, town, or county) RN HAM A
74. FUNERAL DIRECTOR'S SIGNATURE	11	15TRAR 256. REGISTRAR'S SIGNATURE 61 Outland S. Husea



TO HOSPITAL OR ATTENTALLY PHYSICIAN: The law requires that the death certificate be executed within 24 hours altered to be a completely filled in by the hours altered to be a completely filled in by the funeral structure. The funeral structure is a structure of the structure of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence belora admit e. STATE b. COUNTY Anne Arundel MARYLAND MARYLAND MARYLAND MARYLAND APPLIAND MARYLAND MARYLAND

1,	PLACE OF DEATH				2. USUAL RESIDE	NCE (Where	deceasad lived, If	institution: Rasio	lence belora	admission)
	Anne A	me Amindel			011	1				
-	L CITY OF TOWN (I	outside corporete limi		c. LENGTH OF STAY IN 1b	Marylan			timore		wel
	write RURAL end	giye neerest town)	15,	_ 23years			rporere timits, write	ROKAL and gr	A HOOLOSI IO	WII)
Y_				5mo. 15days	Baltime				4	
	d. NAME OF HOSPIT	AL OR INSTITUTION (OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS						RESIDENCE A FARM?	
	Crowns	ville State	Hos	pital	1211 M	osher S	street			NO
3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Month	n D	ay Ya	ar.
	(Type or print)	Me	dora		Kent	DEAT	н 4	1	3 19	61
5.	. SEX	last birthdey) Months			YEAR IF UNDER 24 HRS.					
	Female			1925	1300					
10 d	ona during most of wor	ON (Give kind of work	10b. i	KIND OF BUSINESS OR INDUST	- I was a second a second		or toreign country)		OF WHAT	COUNTRY?
	None				Maryla	and?		0.	S.A.	
13	B. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME		1		
	Isa	aac Kent			Margare	t?				
	S. WAS DECEASED EVE (es, no, or unkown) (If			SOCIAL SECURITY NO. 17.	INFORMANT		Address			
1,		yesgree wer or dates or s		Jnknown I	Mospital Rec	ords				
-	18. CAUSE OF D	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]								
	PART I. DEATH WAS CAUSED BY: Food Aspiration									
	2 5 3 2									
		DUE TO								
	Conditions, if eny							-		
	(a), steting the un	DIE TO						Charles St.		
	ceuse last.	ceuse last. (c)								
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?									
CERTIFICATION	Idiot wi	Idiot with congenital syphilis and spastic epilepsy								
PTIF	20a. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURE	D. (Enter neture of injury i	in Part I or Pert	II of item 1B.)			
		MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Ye	er 20d. Whi	1.	ACE OF INJURY (Home, fe tory, street, office bldg., e		ity or town)	(County)		(Stela)
WED	Hour a.m. p.m.	19	et wo	Propagation (1) (1) (1) (1) (1)						
	21. I certify th	nat (I) (this hospi	al) atter	nded the deceased from	10/18	, 19.3.7, to	4/13	, 1961	, that (I)	(we) last
		ed alive on 4/		19 61, and tha						
	PROP SIGNATURE	111 0	n.						22	b. DATE
	+ Kalepard	Hearo!	Din	2	ATTENDING PHYS.	MED. DIRECTOR	PHYS.		4/	13/61
	22c. PHYSICIAN'S				22d. ADDRESS					
	NAME (Type)	Hildegard	Heard	Reissman, M.	D. Crownsv:	ille St	ate Hosp	ital, M	arylan	d
2	30. BURIAL, CREMATI	ON, 23b. DATE THE	REOF	23. NAME OF CEMETERY	OR CREMATORY	23d. 10	CATION IGHY, 10	wn or coupty)	9	State)
1	REMOVAL (Specify)	14-18-	6/	Dinery o	X)110	176	Menn	10.	27 0	
(2	FUNERAL DIRECTOR	SIENATURE A	1/2	ADDRESS	25a. R	REC'D BY REGI	ISTRAR 256. RE	GISTRAR'S SIG	NATURE	
1	20 / L	and the	ell o	1 ma allow.	PASC DATEVI	R 2 U '61		en S. Tha	n.A.	
1	11/17.	rucey	(1/	4700	7 7 100	D Z V VI	1 6 30			



TO HOSPITAL OR ATTENATES PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please refresse carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13.954

0000	Itam 7 Film G28	5 4720/6	i wk	00003
1. PLACE OF DEATH				institution: Residence before edmission)
Anne Arundel	MARYLAND	o. STATE T) . C	b. COUN	ITY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neeres down)	c. LENGTH OF STAY IN 16		(If outside corporate limits, write gton, D.C.	RURAL end give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if no District Training Sch	t in hospital, give street address)	d. STREET ADDRESS	0 /	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Roy	Middle	Klug	4. DATE Month OF DEATH Apr	
1.11	MARRIED NEVER MARRIED B	7/27/1898	9. AGE (In years last birthdey) 62 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Institutionalized	10b. KIND OF BUSINESS OR INDUSTR		nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
John Klug		Fanni	•	
15. WAS DECEASED EVER IN U.S. ARMED FORCES: (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	:e)	nformant nildfen's Ce	nter, Laurel, 1	Md.
Conditions, if eny, which geve rise to immediate ceuse (e), stelling the underlying ceuse lest.	Coronary thrombo		inal disease condition GIV	EN IN PART I(e): 19. WAS AUTOPSY
Mental Mental	retardation			PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION Mental 200. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED	(Enter neture of injury In	Part I or Pert II of item 18.)	
ZOc. TIME OF INJURY Month, Dey, Year Hour e.m.		CE OF INJURY (Home, fer ory, street, office bldg., et		(County) (State)
21. I certify that (I) (this hospital) saw the deceased alive onApri	attended the deceased from 1.10,19.61., and that	October 10:	253, to April 1	O, 19 61 ., that (I) (we) last and on the date stated above
220. SIGNATURE margaret	v. mola "		MED. STAFF DIRECTOR PHYS.	April 10, 1961
22c. PHYSICIAN'S NAME (Type) Margaret W.	Mola, M.D.	Children	's Center, Law	
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY 1961 District Traj		Laurel,	wn or county) (Stete) Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	sit funt DE	25e. RE	APR 1 7 '61	GISTRAR'S SIGNATURE

S. a. 40 7 7 2 William today D.C. Strang de Manualty , Louis a marker, Johnson Mily - Aith Street Im

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October 10:25% Amil 10 of also e

April 10, 191

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AND TIME Common agol ...

Margaret W. Wole, M.D. _

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Reg. Dist. No. 1. PLACE OF DEATH NEW Country O. COUNTY Severa PK MARYLAND 1. PLACE OF DEATH NEW Country O. COUNTY Severa PK MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Severa PK O. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Severa PK O. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Severa PK O. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Severa PK O. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Severa PK O. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Severa PK O. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Severa PK O. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Severa PK O. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Severa PK O. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Severa PK O. Sever	rest fown) e. IS RESIDENCE ON A FARM? YES NO Particular N					
o. COUNTY o. COUNTY o. COUNTY o. COUNTY o. COUNTY o. STATE Servence o. COUNTY o. O. COUNTY o. O. COUNTY o. C. CITY OR TOWN (If outside corporate limits, write RURAL ond give near limits, write RUR	rest town) E. IS RESIDENCE ON A FARM? YES NO PARTIES YEAR YEOR 196/					
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) Lead of the second	e. IS RESIDENCE ON A FARM? YES NO P					
3. NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF DEATH OF DEATH 9. AGE (In years lost birthday) Months Doys DEATH P. AGE (In years lost birthday) Months Doys	Yeor 196/ IF UNDER 24 HRS.					
3. NAME OF PECEASED First Middle Lost 4. DATE Month Doy OF DEATH 29 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH ST. SEX Months Doys DIVERSED 18. DATE OF BIRTH PROPERTY OF SEX MONTHS DOYS DIVERSED 18. DATE OF BIRTH MONTHS DOYS DATE OF BIRTH	196/ IF UNDER 24 HRS.					
5. SEX 6. COLOK OK RACE MARRIED ANEVER MARRIED 8. DATE OF BIRTH S. SEX Lost birthday) Months Doys Divorced D D Divorced D D D D D D D D D D D D D						
Servely Contractor, Return Durlding Balls. Ma	F WHAT COUNTRY?					
13. FATHER'S NAME Linguist Kollhin - 14. MOTHER'S MAIDEN NAME Linguist Kollhin -						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give war or dates of service) 218-14-3557 Seo. B. Roether, p. Address 108 Security No. 17. INFORMANT	Burne MI					
D S S S S S S S S S S S S S S S S S S S	ET AND DEATH					
Canditions, it any, which	o year					
gove rise to immediate coese (a), stating the under-						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	9. WAS AUTOPSY PERFORMED? YES NO					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 15 20 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2						
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work of w	(State)					
21. I certify that I attended the deceased from 1940, to and 29, 196/., that I last sa						
alive on 19 / , and that death occurred at & A.M. from the causes and on the dat ADDRESS (Street, city or town, stote)	te stated above. DATE SIGNED					
ACTUAL SIGNATURE farmer S. Billingsles M.D. 108 Centres or Flow Burner	2, gpy					
PHYSICIAN'S NAME (Type) James S. Bellingslea M2 108 Central at Hom Barrer.	Wel					
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL [Specify] 3- May 1961 Lotraine Park Cem - Baltimore, 14d	(Stote)					
23. FUNERAL DIRECTOR'S SIGNATURE VS. A15 (4) VS. A15 (4) Recland V. Deingleton Glen Burne, MA, DATE MAY 2 '61 Could S. Kha						

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director; page 3 should be detached for use os the buriol-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death. ICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page TO HOSPITAL OR ATTENDING

VR A15 (4) 15M 9/59 MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STATISTICAL RESEARCH A	AND RECORDS — BALTIMORE 1, I	MAKILAND
	3861 Ttem 8 Fi CERTIFICA	TE OF DEATH	03856
	1. PLACE OF DEATH O. COUNTY ANNE Arundel MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE	d lived. If institution: Residence before admission) b. COUNTY
	b. CITY OR TOWN (If autiside corporate limits, write RURAL and give marrest town) d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION OR INSTITUTIO	c. CITY OR TOWN (If autside carpo	prote limits, write RURAL and give nearest town) A Bit is residence ON A FARM? YES NO N
-	3. NAME OF DECEASED (Type or print) Herriella W Middle	4. DATE OF DEATH	4 - 1 - 6 1 · 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	1877B	9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS last birthday) Manths Days Haurs Min.
1	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or toreign of	aunity) 12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME !	14. MOTHER'S MAIDEN NAME	d
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes, give war or dates of service)	nformant - Empry	R. Kopf - alove
1	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	- Corcenou	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate (b)	of all lie	po
	cause (a), stating the under-	leadar	Grobelevotes
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature af injury in Part I ar Par	† II af item 18.)
		LACE OF INJURY (Hame, farm, 20f. (Citactary, street, affice bldg., etc.)	y ar tawn) (Caunty) (State
	21. I certify that (I) (this hospital) attended the deceased fram.	6.5.0	1961, 19, that (I) (we) last the causes and an the date stated above
	220. SCHATURE Poler P. Holin.	M.D. ATTENDING MED. DIRECTOR D	22b. DATE
	22c. PHYSICIAN'S PORENT R. Holu	Sevelu	a Port mile
	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (DEMOVAL (Specify) 4 - S - Wiladiow	OR CREMATORY Carry 23d. LOCA	TION (City, town, or county) (State)
	24. Theral directors signatures address Severna Tark Tuneral Lone Sloerna	Cark, DATE APR 4	256. REGISTRAR'S SIGNATURE Conthur S. Kinner
1	11	ma.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3862 **CERTIFICATE OF DEATH**

Reg. Di	st. No.	03	85%
Keg. D	ST. 140.	UU	0 1

0000	Keg. Dist. No. UUOJA
1. PLACE OF DEATH O. COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE b. COUNTY A
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) ALES IN THE RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) Harvey Leas	therbury 4. DATE OF DOY Year OF DEATH OFT / 25 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (IN years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOREKEEPER GENERAL STORE	Shary Side Md 1150
WILLIAM THOMAS LEATHER DURY	ELLEN JANE SIMMONS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (1795, no. or unknown) (17 yes, give wor or dotes of service)	alton Leatherbury Galewille, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (o), stating the under-lying cause lost.	thrombosis interval between onset and death timerediate to coronary entry design years
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I or Part II of item 1B.)
	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State)
21. I certify that lattended the deceased from farm and that death actual signature fullar departments of the physician's farm and that death actual signature fullar departments for the physician's farm and the deceased from farm and that death actual signature for the physician's farm and the deceased from farm and	accurred at 5 A M, from the causes and on the date stated above. ADDRESS (Street city or town, state) DATE SIGNED M.D. Shady Side
NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOV REMOVAL (Specify) 22b. DATE THEREOV 22c. NAME OF CEMATERY OF	R CREMATORY 22d. LOCATION (City, lawn, or county) (State), Mich
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sales	240. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE MAY 2 '61 Outling S. Three

may be retained by the hosp. It attending physicion.

O FUNERAL DIRECTOR: After a certificate has been signed by the attending physicion and completely filled in by the funeral difference as a second secon TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retoined by the hosp TO FUNERAL DIRECTOR: After VS A15 (4) 15M 9/55

		NO STATE DEPARTME	ASYZAM	
A Secretary of the	CERTIFICATE OF DEATH			
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The Park Street				
the second			and the state of the	
			THE REAL PROPERTY.	
				A Principal Control of the Control o
	Anna A		12,16,40	

CERTIFICATE OF DEATH 3863 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND unerol CITY OR TOWN (If outside corporate limits, write RURAL and give realest town) c. LENGTH OF STAY IN 16 GOT TOWN (If outside corporate limits, write RURAL and give nearest town) should LEN JURNIE d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRES e. IS RESIDENCE OR INSTITUTION ON A FARME 24 YES NO puo 2. NAME OF Middle 4. DATE filled DECEASED Day Year OF DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost bigthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours DIVORCED T WIDOWED D 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OF INDUSTRY 11. BIRTHMACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ELDER 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16-SOCIAL SECURITY NO. 177INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY eneral corcinomation 6 mo IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. law. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc. Hour o. m While Not while of work of work for 21. I certify that I attended the deceased from 1-2-1961 that I last saw the deceased and that death occurred at V: 50 A M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED DIRECT ACTUAL prior 3 shauld be registror PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) RIAL 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) IPR 2 0 '61 arthur S. Kraus 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

23250		

FOR STATE

3864

TO DEPUTY MEDICAL EXAMINES. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendit in them. 18. Give Pages 1, 2, and 3 to the foneral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDIC

CAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Dan Disk No.	03859
					Keg. Dist. No.	

o. COUNTY Anne	Arundel		MARYLA	O STATE	DENCE (Where dece	ased lived. If instit b. COUN		nce before odm	ission)
b. CITY OR TOWN III	autside corporale limits, write	RURAL C.	LENGTH OF STAY IN	1b c. CITY OR T		prporote limits, write	RURAL ond	give neorest to	wn)
	Gables,			d. STREET AD	te Gable	es, Ate	3	ON	ESIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Firs Sand	ra	Middle Kay	Looker	4. DATE OF DEATH	Apri	- 0		961
5. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED	B. DATE OF BIRTH	,1951	9. AGE (In years loss birthday) Yrs.		YEAR IF UND Days Hours	ER 24 HRS. Min.
during most of working	ON (Give kind of wark a a life, even if retired) ON U	lone 10b. KIND	OF BUSINESS OR INC		E (State or foreign imore	country)	12. CITIZ	EN OF WHAT	COUNTRY
13. FATHER'S NAME Edwaj	rd L. L	ooker		14. MOTHER'S M	elyn	Ogle			
15. WAS DECEASED EVI [Yes, no, or enknown] NO	ER IN U. S. ARMED FOR Ilf yes, give wor or dotes of s NONE	RCES? 16. SOCI	AL SECURITY NO.	7. INFORMANT Mr. Edwa		Address er, same		2	
3 2 5.4 Conditions, if or gove rise to immed (a), stating the occuse last.	liate cause	Mongo.	lian Ament		HF TERMINAL DICCA	SE CONDITION OF	VEST IN SANT	Few ds	ıys
PART II, OTH 200. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour o. m. P. m.	USE WAS 201	b. DESCRIBE HO	W INJURY OCCURREN	D. (Enter noture of inju PLACE OF INJURY (Ho foctory, street, office b	ry in Port I or Port		(Cour	YES T	NO State)
	resulted from: Nustane	Natural caus	es K Accider	M.D. CHIEF MEI		e . Undete	ermined m	Second	d in my
220. BURIAL CREMATIO REMOVAL (Specify) BUT12 23. FUNERAL DIRECTOR	N, 22b. DATE THEREO 4/30/6:	Tuplus	NAME OF CEMETERY	or crematory et Cemete	22d. LOCA 1'Y E	ATION (City, town, rederic		NATURE	

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ween Notice against applied to the state of full good for the contract of the · 中国的企业的企业的企业的企业的企业的企业。可以 30.27 4. 200 4. 46. 200 年至 3万 30356735 万学第二 Birglal 1/24/51 Selutione Haltonel Belulates, Maryland

Rogerd M. Hubberd Plot Willens ave.

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DESCRIPTION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03861

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	a. COUNTY ANNE Frunde MARYLA	ND a. STATE MD
-	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town)	X Plane (grewall) How this
	d. NAME OF HOSPITAL (if not in haspital, give street address)	d STREET ADDRESS e. IS RESIDENCE ON WEARN?
3	OR INSTITUTION	YES NO DE
	3. NAME OF First A Middle	Lost 4. DATE 1 Month Day Year
	(Type or print) Elsa Martin	Mare, OF H-25-6/19
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B, DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	F. WIDOWED . DIVORCED	June 1: 10/3 85 yrs.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during may of working life, even if refresh	INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewell Home	alsoss Jahron & O U.S.A.
	13. FATHER'S NAME	, 14. MOTHER'S MAIDEN NAME
	Josephie Marty	
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT Address
	(Yes, no, or enknown) (If yes, give war or dates of service)	Mrs. Beatrice N. Hebden-15 Ridgs Road
	18. CAUSE OF DEATH [Enter only one couse per line for (o)_(b), and (c).]	ALINTERVAL BETWEEN
á	PART I, DEATH WAS CAUSED BY:	MILOCOPLIO TUPO CONSET AND DEATH
	4201 DUE TO 1	A SILON TO
	Conditions, if ony, which) (b) Selber Les	when (· V. Xlaborell
	gave rise to immediate DUE TO	-0
	lying couse lost.	Eslevoseleras
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	PERFORMED?
	TO ACCIDENT WAS INDERIVING TO JOB DESCRIPE HOW INHIPPY OCC	CURRED. (Enter nature of injury in Part I or Part II of item 18.)
	OR CONTRIBUTING CALE OF DEATH OF CONTRIBUTING CONTRIBUTING CALE CAMERINE	
		De. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.)
	Hour o. m. p. m. 19 While Not while at work of work	
	21. I certify that (I) (this hospital) attended the deceased fr	com 19 (0 1 10× 104-25 6 1, 19 , that (1) (we) last
	16-35-4	hat death occurred at ZAM, from the couses and an the date stated obave.
	226. SIGNATURE	22b. DATE
	MOROW R. From	M.D. ATTENDING MED. STAFF PHYS. SIGNED
10	22c. PHYSICIAN'S	22d. ADDRESS
ı	NAME (TYPE) TOBERY (X- Hali	in Severno Pork Un
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	ERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	D. REMOVAL (Specify)	e Cemetery Pikesville, Maryland
3	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	2/ 1/1/2011	DATE APR 2 6 61 Circhen S. Thous
	Krot Killing - A7	DATE

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after death.

VS A15 (4) 15M 9/55

	HE OF DEATH	CERTIFICA	APS A
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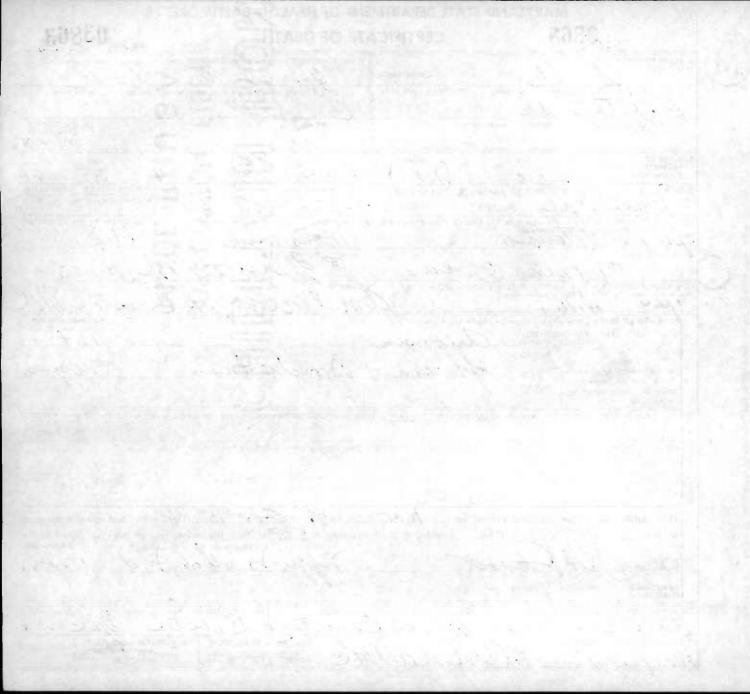
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3868 CERTIF TO HOSPITAL OR ATTENDING Page 1916. Including physician. TO HOSPITAL OR ATTENDING Page 24 the hospital attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 shauld be filled with the registror prior to burial, cremation, or removal, and in any event within 72 hours after death.

CATE	OF	DEATH	
CAIL	O!	DLAIII	

Reg. Dist. 03863

)	1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived of institution: Residence be a. STATE) COUNTY	efare admission)
	b. CITY OR TOWN (I) outside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give thousand town)	c. CITY OR TOWN (It/autyide corporate limits, write RURAL and give	nearest tawn)
	d. NAME OF HOSPITAL (If nat in hóspital, give street address) OR INSTITUTION	d. STREET ADDREŠS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type ar print) Signature (Type ar print) Signature (Type ar print) Signature (Type ar print)	Owens DEATH 4	Day Year 196/
	5. SEX* Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	B. DATE OF BIRTH 9. AGE (In years of the last birthday) 9. AGE (In years of the last birthday) 9. AGE (In years of the last	AR IF UNDER 24 HRS. s Haurs Min.
	10a. ÚSÚÁL OCCUPATION (Give kind af work elane 10b. KIND OF BUSINESS OR INDUS during most af working the Explicit retire() Dame William Conference of the Co	TRY THE BIRTHPLACE (Signe or foreign country) 12. CITIZEN	S'A
	VS. FATHER'S NAME Thomas Owens	14. MOTHER'S MAIDEN NAME Elizabeth Abna	mo
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IN 1/2, no, or unknown (II.) es, give for or dales of service)	Melia Oneno Brist	ol mid
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) And Adda		NTERVAL BETWEEN NSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the under-	+ Bronchectasis	1040
	lying cause last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
5). (Enter nature of injury in Part 1 or Part II of item 1B.)	
		CCE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caun tary, street, affice bldg., etc.)	ty) (State)
	21. I certify that I attended the deceased fram. Macalive an 14 days, 1941, and that death	accurred at 4 1 PM, fram the causes and on the do	
	ACTUAL SIGNATURE DASSEL	no. Iffer marlow, md	15 apr 61
0	220. BURIAL, CREMATION, 22b. DATE THEREOF PREMOVAL (Specify) 4-19-19-19-19-19-19-19-19-19-19-19-19-19-	REFERENCE 22d. LOCATION (City, tayen, ac county)	(State)
)	23) FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNA DATE APR 1 8 '61 China 8. 1	

VS A15 (4) 15M 9/58



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MARYLAND STATE DEPARTMENT OF HEALTH

DIV E 1, MARYLAND

ISION OF	STATISTICAL RESEARCH AND RECORDS — BALTIMOR
	CERTIFICATE OF DEATH

03864

a. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE b. COUNTAINE Arundel
	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Odenton
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION U. S. Army Hospital	- 0	d. STREET ADDRESS 133A Dunro ven Trailer Park o. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF First WILLIAM	PATRICK Middle	PIERCE 4. DATE Month Day Yeor DEATH APRIL 19 19 61
S. SEX Male 6. COLOR OR RACE 7. MARRIE WIDOWED		8. DATE OF BIRTH 16 Apr 61 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind af work done during mast af working life, even if retired)	IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign country) Mar yland 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Pierce		Nancy Ellen Snider
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no, or unknown)	Deliver Deductiff 110.	VFORMANT Address Father (133A Dunroven Trailer Park Odenton, Md
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Mass		hematoma secondary to tentorial INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which gave rise to immediate couse (o), stoting the under: lying cause lost. DUE TO team (b) Cong (b) Cong (c)		disease with common ventricle 3 days
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJ Hour a. m. While p. m. 19 of wark	URY OCCURRED 20e. PL/ Not while foc	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
21. I certify that (2) (this hospital) attende sow the deceosed alive an 19 Apr 220. SUCHATURE	19 <u>61</u> , and that d	deoth occurred 3:38.44, from the couses and on the date stated above. 22b. DATE SIGNED STAFF SIGNED
22c PHYSICIAN'S SHERMAN S. ROBINSON, Car	*	M.D. PHYS. DIRECTOR PHYS. ED 19 Apr 61 22d. ADDRESS USA Hosp Ft Geo G, Meade, Md.
23a. BURIAL - CREMATION, 23b. DATE THEREOF SUITE ASMOVAL (Specify)	239. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
25 UNERALI DIRECTOR'S SIGNATURE / FLERY	allemane	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 6 M DATE APR 2 4 '61 Outland S. Huma

Make the Order of the Syria contribution of the Indian the state of the respective with the first the state of t SOUTH OF A PROMERTY OF THE PROPERTY OF THE PRO

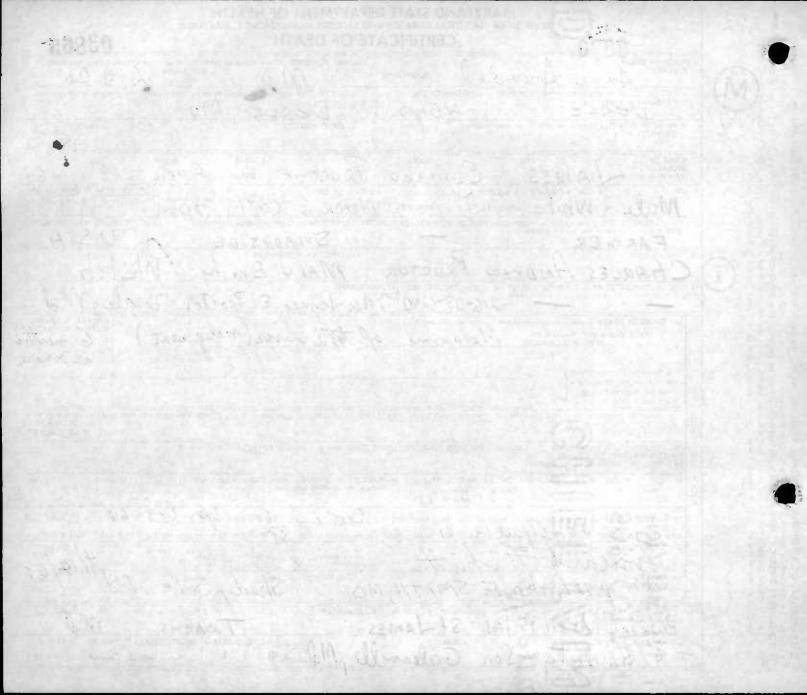
TO HOSPITAL OR ATTENDING AND SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 should be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 should be filed with the State Board af Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	3878 CERTIFICA	TE OF DEATH	03865
	o. COUNTY Anne Drundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen b. COUNTY b. COUNTY	de before odmission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) 45 40	c. CITY OR TOWN (If outside corporate limits, write RURAL and a Deale Mo	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
-	3. NAME OF DECEASED (Type or print) AMES EDWARD	PROCTOR 4. DATE OF Month OF DEATH APRIL	13 1961
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH MARCH 6 1891 9. AGE (In years lost birthday) 7 0 yrs. Man ths	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	Shapy5/08	US A
1	CHARLES ANDREW PROCTOR	MARY Emily / WE	Ish
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yas, no, or unknown) (If yes, give war or dates of service) 216-09-6240	Mes James E. Proctor Dea	le, Mel
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Melanoma	of the liver (malignant)	INTERVAL BETWEEN ONSEL AND DEATHY
	Conditions, if ony, which) (b)		or more
	gave rise to immediate couse (a), stating the <u>under-lying cause last.</u>		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO DEATH OF CONTRIBUTING TO COURSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO COURSE OF DEATH OF CONTRIBUTING TO COURSE OF DEATH OF CONTRIBUTING TO DEATH OF CONTRIBUTING TO DEATH OF CONTRIBUTING TO DEATH OF CONTRIBUTIONS TO D	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
- 1		ED. (Enter nature of injury in Part I or Port II of item 18.)	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while at work of work	LACE OF INJURY (Home, form, 20f. (City ar town) (ctary, street, office bldg., etc.)	Caunty) (State)
	21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an April 13_196/, and that	Dec. 1 1960, to Upril 13, 1960 death accurred at XPM, from the causes and an the	that (I) (we) last date stated above.
	220. STENATURE Willard F. Smith	M.D. PHYS. MED. STAFF DIRECTOR PHYS.	4/22b.DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) WILL ARD F. SMITH, I	MD Shady Side, A	1d. 161
	230. BURIAL, CREMATION, 236. DATE THEREOF 230. NAME OF CEMETERY CREMOVAL (Specify) APRIL 15, 196 ST AM S	OR CREMATORY 23d. LOCATION (City, town, or county)	M d (Smite)
	7. A Hardesty of Galesy	MODATE APR 1 9 '61 256. REGISTRAR'S SI	

VR A15 (4) 15M 9/59



MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18

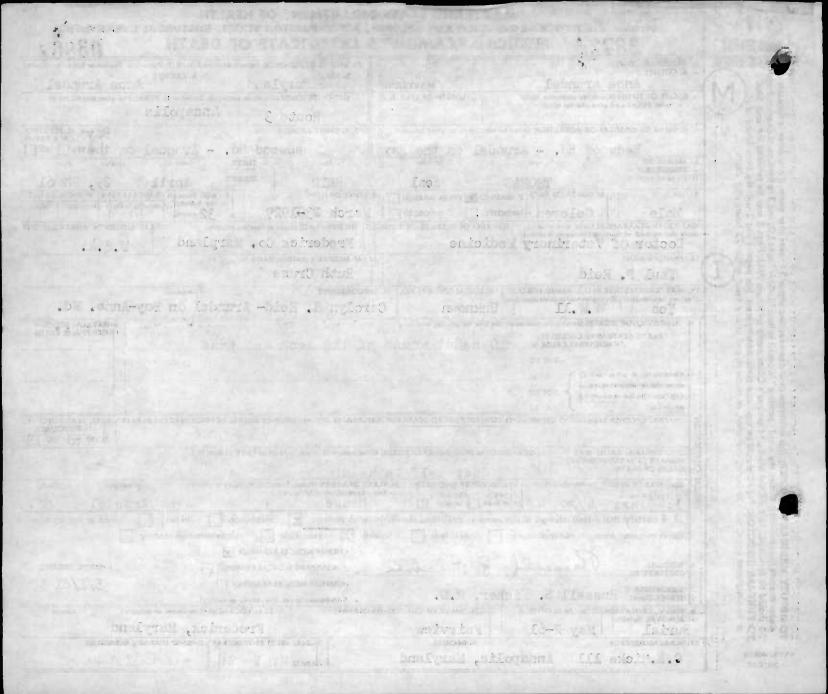
3871 CERTIFICATE OF DEATH

Reg. Dist. NU3866

1. PLACE OF DEATH o. COUNTY Anne Arund	o.1	MARYL		o. STATE	arvla		l lived. If institut b. COUNTY			ission)
b. CITY OR TOWN (If outside corp RURAL and give nearest town)		c. LENGTH OF STAY IN	1 16		0	utside corpo	rote limits, write	-		wn)
d. NAME OF HOSPITAL (If not in OR INSTITUTION	hospitol, give street	oddress)	4	d. STREET A	DDRESS	ora	1-124	- 61	ON	RESIDENCE NA FARM? Yeor 19 61 NDER 24 HRS. rs Min. AT COUNTRY? RETWEEN ND DEATH OF STORMED? FORMED? NO (Slote)
3. NAME OF DECEASED (Type or print)	First CHARLES	Middle A PURIN	TON	Los		4. DATE OF DEATH	April	21	Doy	19
	OR RACE 7. MAR	RIED NEVER MARRIED	8.	DATE OF BIRTI			9. AGE (In years lost birthday)	IF UNDER 1	YEAR IF UN	DER 24 HRS.
Male White 100. USUAL OCCUPATION (Give kind during most of working life, ever Ret. Blacksmith	of work done 10b.	- Japan	- 157				87 yrs. ountry) Ohio		ZEN OF WHA	AT COUNTRY?
13. father's name Unknow	n			14. MOTHER'S Unkn		AME				
15. WAS DECEASED EVER IN U. S. AF (Yes, no. or unknown) Yes Spanis	tMED FORCES? 16.	social security no.	17. INFO	Wilbur	E.Pu	rinto				e Stree
18. CAUSE OF DEATH [Enter o	JSED BY: CAUSE (o) DUE TO	Gastrointe								D DEATH
Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying couse last.	DUE TO	Carcinoma							3mc	
-	alized	arterioscl	Lero	sis				VEN IN PART	PERF	ORMED?
	r DEATH	CRIBE HOW INJURY OCC	CURRED. (Enter nature o	injury in P	ort I ar Port	II of item 18.)			
20c. TIME OF INJURY Month, Hour a. m. p. m.	Doy, Year 20d. I While of wor	Not while	0e. PLACE foctor	OF INJURY (I y, street, office	lome, form, bldg., etc.)	20f. (City	or town)	(Co	ounty)	(Slote)
21. I certify that I attend	F7			, 19 60	, toA	pril	1961	,that I lo	ast saw the	e deceased
ACTUAL SIGNATURE	us 0	. Cody	eath o				the causes (DATE SIGNED
PHYSICIAN'S France	is I Cod	ld MD	S	everns	Par	k, Mo				The state with given with state year year ,
220. BURIAL, CREMATION, 22b. DAT REMOVAL (Specify) Burial April		22c. NAME OF CEMETE					Burnie,	,,		ote)
23. FUNERAL DIRECTOR'S SIGNATURE Hopping Funeral		ADDRESS	d.		24g. REC'D	BY REGISTI	RAR 24b. REGI	STRAR'S SIGN	NATURE	

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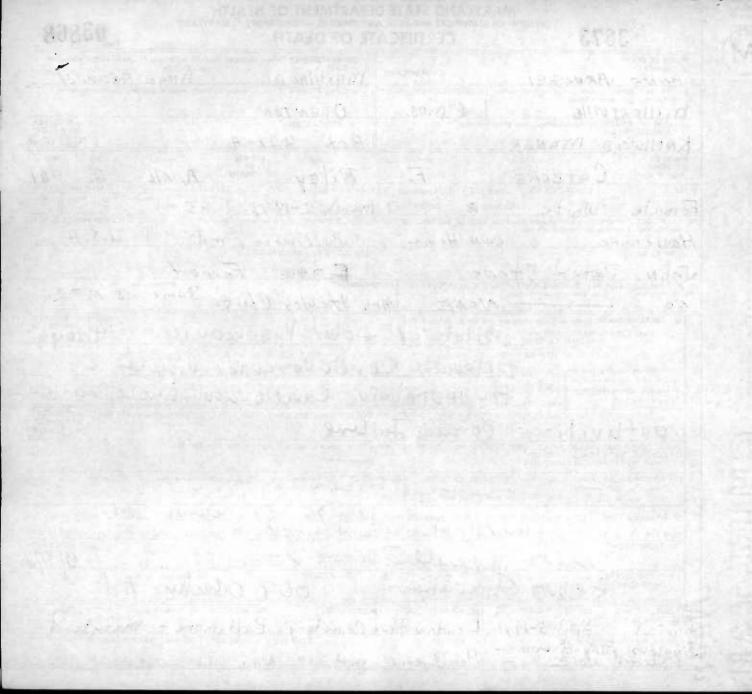
1 LOD CTATE	5-17-61 a ms 287 MARYLAND STA Division of STATISTICAL RESEARCH AND REC	TE DEPARTMENT OF HEALTH CORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND IER'S CERTIFICATE OF DEATH	
TUN SINIES	3016 MEDICAL LAAMIN	13807	
BLIH DEPT.	I. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceesed lived, If Institution: Residence before edmis	sion
Page S. Page	Anne Arundel MARYL		
irector. your fi	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	Route 3 Annapolis	
For Boan	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat addre	DA, ON A FA	KMI
5 5 5 5 5 G	Redwood Rd Arundel on the F		Ц
any and ine fun etain etain death	DECEASED	Last 4. DATE Month Day Year OF	
=======================================	(Type or print) THOMAS Neal	REID DEATH April 29, 19 61	
aft be at the	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH - 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H	IRS.
de vi	Male Colored WIDOWED DIVORCED	Months Devs Hours Mi	in.
100 P	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		ITDY
1, 2, and 2 of 2 hours	done during most of working life even if retired)		41KT
Page 1	Doctor Of Veterinary Medicine	Frederick Co. Maryland U.S.A.	
PM3. Pages Vithin	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
PA3.	Paul P. Reid	Ruth Cruse	
or File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO). 17. INFORMANT Address	_
if for any ex	Yes W.W.11 (Ifyesgivewerordetesofservice) Unknown	Carolyn S. Reid- Arundel On Bay-Anna. Md.	
# 3	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c)		
e exect along transit and in	PART I. DEATH WAS CAUSED BY:	and of the neck and head ONSET AND DEAT	Н
and	IMMEDIATE CAUSE (6) GUNS NOT WOU	nd of the neck and head	
D 0 0 10 0	7/6X DUE TO		
Puri Puri	Conditions, if eny, which (b)		
S S S S S S S S S S S S S S S S S S S	gave rise to immediate cause DUE TO		
din din	(a), staring the uncertying		
fice mirried		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO	Dev
nis certifi vord "pe cal Exan d be use emation	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20b. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	PERFORME	
or o	3	YES NO	0
died died	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCC	CURED. (Enter nature of injury In Part I or Part II of item 18.)	
Sh the sh	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	du bond	
M O I	Subt Sett	20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State	-)
O G Christ	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED : While Not While of work of work of work of work of work	fectory, street, office bldg., etc.)	9)
P P P	¥ 1:45 7636x 4/29 19 61 of work □ of work ☑	House Anne Arundel Mo	d.
cate, to the OR: prior	21. I certify that I took charge of the remains described abo	ove, held an Autopsy x, Inspection , Inquiry , and in my opinion	on
	death resulted from: Natural causes , Accident ,	Suicide M. Homicide . Undetermined manner	
o certification and agent,	dealli resulted from: Natural Causes [], Accident [],		
the central policy of age	D 00 D-C 0	CHIEF MEDICAL EXAMINER	
forward after the part of the	ACTUAL SIGNATURE Cusself & Fish	ASSISTANT MEDICAL EXAMINER DATE SIGNET	0
A I A I	SIGNATURE	DEPUTY MEDICAL EXAMINER 5/1/61	
DEFUTY M sase execute should be for FUNERAL r its designate	NAME (Type) Russell S. Fisher, M.D.	- Address (Street, city, town, or county)	
2000		ETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)	
2 % K E E	REMOVAL (Specify)		
0 4 0 9	Burial May 2-61 Fairview	Frederick, Maryland	
B	23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
VS. A15ME 5M 9/60	C.E.Hicks 111 Annapolis, Maryland	d DATE MAY 5 '61 Cirthury S. Known	



3873

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	PLACE OF DEATH					USUAL RESIDENCE (Where deceased l	ived. If institution	n: Residence befo	ore admission)
	ANNE	ARUNDEL		MARYLAN	DY	MARYIANI	0	AMA	E ARUI	NDEL
	b. CITY OR TOWN RURAL and give	(If outside corparate limi	ts, write c. L	ENGTH OF STAY IN 1	b	c. CITY OR TOWN (If outside corpora	te limits, write RU	RAL and give ne	earest town)
	MILLERS	1.4		6 mos		ODENT	ON	X		
	d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspital, g	ive street addre	ess)		d. STREET ADDRESS		,		e. IS RESIDENCE ON A FARM?
	CNOLLWOO		R		1	30x 2	21-A.			YES NO
	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Month	n D	ay Year
	(Type or print)	CATERIN	E	F.		RILEU	DEATH	APRI	1 6	2 1961
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. D.	ATE OF BIRTH	9.	. AGE (In years last birthday)		R IF UNDER 24 HRS.
F	emale	White	WIDOWED 🔀	DIVORCED [m	arch 2-1	876	85 yrs.	Manths Days	Hours Min.
10c	. USUAL OCCUPAT	ION (Give kind af work orking life, even if retired	dane 10b. KIND	OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sto	ate or foreign cou	ntry)	12. CITIZEN O	F WHAT COUNTRY?
F	touse wit		OWN	Home		Beltim	ore. r	nd.	U.	S, A.
13.	FATHER'S NAME				1.	. MOTHER'S MAIDEN				
2	Tobas 9	Doton P	tone			F m May	Fa	rrest		
		ER IN U. S. ARMED FOR	CES? 16. SOCI	IAL SECURITY NO. 17	7. INFOR	MANT	,	Addre	188	. 46 0
	NO	(If yes, give wor or dates of s	- No	NE I	nrs,	Stanley	Clark.	J'Am	e as 1	Ver 2
	1B. CAUSE OF DE	ATH [Enter anly ane co	use per line far	r (o), (b), and (c).	1	6				TERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY:	Di	luteral	4	ODAV YI	HEULLI	ouia.	- 9	SET AND DEATH
	447	DUE TO								100
	Canditions, if	may sublab \	9110	ountic (// 1	dio vas	60 14	, Wise	unes	
	gave rise to			COOL	-41	1010	OU (4)	0170		
	lying cause lost	g rne <u>under-</u>	the	no stow	GIV	e CHVI	110000	soles the	rene i	20 en
NO		THER SIGNIFICANT CON	DITIONS CONT	PIRLITING TO DEATH	BUT NO	RELATED TO THE TEE	7.0.0.		N IN PART 1(a)	19 WAS AUTOPSY
ATIO	00+1	Lui hia	- 01	- Quain L		And O	WINTE DISEASE	CONDITION ONE	14 114 1 AKT 1(0)	PERFORMED?
IFIC	20g ACCIDENT W	AS UNDERLYING	20h DESCRIBE	HOW INJURY OCCU	RRED /F	nter nature of injury	in Part Lar Part I	L of item 18.)		YES NO
CERT.	OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)	200. DESCRIBE	THOW INJURY OCCU	~~~	mer nature at injury	m ran ran ran r	r di nom 10.7		
MEDICAL		JRY Month, Doy, Yes				OF INJURY (Home, for street, affice bldg.,		r town)	(County) (Stote)
MED	Haur o.m.	10	While of wark	Nat while of wark	raciary	singer diffice bidg.,	eic.)			
	21 I certify th	at (I) (this haspital) attended t	the deceased fra	m 1 1	200 30	1958 10	conles	1961	hat (I) (we) last
		ased alive an	1 1/21	1.1		h accurred at/2	AM from the			
	220. SIGNATURE	ased drive drillers		- Value inc	n deal	II decorred dive	De IVI, IT CITT II	ie causes and	an me dun	22b. DATE
	(Tollo	61	المتعدد	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		4/ SIGNED
	22c. PHYSICIAN'S	V-7 1	A		1	22d. ADDRESS	DIRECTOR [A 0	4 10
	NAME (Type)	-27U9	CVA	10 where	3	60	9 00	lacter	Ha	
230	BURIAL, CREMATI	ON, 23b. DATE THEREC	OF 23d	. NAME OF CEMETER	Y OR CE	EMATORY	23d. LOCATIO	ON (City, tawn, ar	r county)	(State)
F	REMOVAL (Specify	April-5-1	1961 L	- oudon Pa	rk (emetery	Balti	more -	mari	land
24.	FUNERAL DIRECTO	- 1 1 - 4	2	ADDRESS			EC'D BY REGISTRA	AR 2Sb. REGIST	TRAR'S SIGNATU	JRE
7,	Ser of	ware for	- 6	Lew Burnie	- m	DATE	APR 7	61 0	7 9 4	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direpage 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed the State Board at Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death. ICIAN: The law requires that the death certificate be executed within 24 hours ofter death. attending physician. TO HOSPITAL OR ATTENDING may be retained by the hospite VR A15 (4) 1SM 9/S9



CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY a. STATE filed b. COUNTY MARYLAND A . A . b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) should Shady Side d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 20 YES NO NO puo 2. NAME OF DECEASED 4. DATE First Middle Day Lost Month Year filled DEATH Pages (Type or print) 19 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH completely Months Days Hours Min. DIVORCED T WIDOWED T yrs. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life; even if retired) puo roq ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) ottending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO ģ permit. Conditions, if ony, which (b) been signed gove rise to immediate DUE TO cause (a), stating the underpuo lying cause lost. burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removal, PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II ar Part III af item 18.) certificate cremotion, 00 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, affice bldg., etc.) USe Hour a.m. While Not while at work at work for 21. I certify that I attended the deceased fram... 19/al that I last saw the deceased detached buriol, and that death accurred at 650TM, from the causes and an the date stated above. FUNERAL DIRECTOR: ADDRESS (Street, city or towff, state) DATE SIGNED 0 SIGNATURE prior PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE APR 1 7 '61 Orthur S. Kraus 15M.9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

within 24 hours after death. executed the death certificate that

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VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

VISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLANI

	38 75		TE OF DEATH	03871
	COUNTY ANNE ARUND	EL MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE / AR LAN	lived. If institution: Residence before admission) b. COUNTY ANNE HOUNTS
	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If Jutside carpor	
	d. NAME OF HOSPITAL (If not in haspital, give stre OR INSTITUTION	et address)	d. STREET ABORESS	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print) Williams	Middle 51do		Manth Day Year 4 2 196
S. 5	Marchiller C	ARRIED NEVER MARRIED	JAN-14-1900	AGE (In years las birthday) Manths Days Haurs Min.
10a	. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign co	12. CITIZEN OF WHAT COUNTR
13.	FATHER'S NAME SID	ORSKI	14. MOTHER'S MAIDEN NAME 14 FORD.	sia His
	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. IN	MICHARL -	GOORSKI-BROTHER
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ling for (a), (b), and (c).]	A STOMACH	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise ta immediate cause (a), stating the <u>under-lying cause last.</u> (c)			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING DOB CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in Part I ar Part	Il af item 18.)
MEDICAL	Haur a.m. Wh	for.	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	ar tawn) (Caunty) (Sta
	21. I certify that (I) (this haspital) atte	111.11	death accurred at 22 M, from	he causes and an the date stated above
	220 SIGNATOR MUCH CONCAL 220. PHYSICIAN'S	W MIR	M.D. ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF PHYS. 4-22-6 SIGNI
	NAME (Type)		204 Crain H.	y So-SIEN BURNIE Md
	BURIAL, CREMATION, 23L/DATE THEREOF	238 MAME OF GEMETERY C	S country 23d. LOCAT	on (City, tawn, ar caunty) (State)
24.	FUNERAL DIRECTOR'S TIGNATURE	4 ADDRESS B	250. REC'D BY REGISTI	AR 25%. REGISTRAR'S SIGNATURE

11251 . Isologia mante Calles Mills The Burt Steel B and the same of th Part of the same o Part American India Silver - Maler S. A. MEGIL 211/4/18200 Famous - Issues as I was sure in the property of the state of the s MERT THE STATE OF THE PROPERTY the March of Westleman 18 The state of the s

FOR STATE TO DEPUTY MEDICAL E. MINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealth, or its designated agent, prior to burial, cremation, or removal, and in any eyem within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3876 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03872

000	•							
1. PLACE OF DEATH	I				ENCE (Whare dece		nstitution: Reside	nce before admission)
Anne Ar	rundel		MARYLAND	a. STATE Maryl	5mg	b. COUN	Aundel	
b. CITY OR TOWN (if outside corporete limits	s, c.	LENGTH OF STAY IN 16		N (If outside corpora			neerest town)
	give naerast town)		0 1	X-				
Linthi	LCUM TAL OR INSTITUTION (if	not in bossital	2y and 6m.	d. STREET ADDRE	e e			I - IC DECIDENCE
d. NAME OF HOSFI	AL OK INSTITUTION (II	nor in nospirar	, give street address)	d. SIKEET ADDKE	33			e. IS RESIDENCE ON A FARM?
	mp Meade Rd.			Same				YES NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Dey	Yeer
(Type or print)	frs. Catheri	ne A.	Smallwood		DEATH	Annel 7	1246	19 61
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. 4	April	PUNDER I YEAR	IF UNDER 24 HRS.
F	W	WIDOWED		Wass 17 1949	9	ast birthday)	Months Days	Hours Min.
10e. USUAL OCCUPAT	ION (Give kind of week		OF BUSINESS OR INDUST	Nov 17, 1868 TRY 11. BIRTHPLACE (Sh		-	1 12 CITIZENI	OF WHAT COUNTRY?
done during most of wo	rking life, even if retired		OF BUSINESS OK INDUS	IKI II. BIKINPLACE (SI	ele or toteldu conui	ry)	12. CHIZEN	OF WHAT COUNTRY
Housewif	e			Port Dep	osit Md.		USA	
13. FATHER'S NAME				14. MOTHER'S MARD	EN NAME		0511	
Edward	Cogrove			Agnes Do	noghue			
15. WAS DECEASED EV	ER IN U.S. ARMED FOR		IAL SECURITY NO. 17.	INFORMANT	HORITAG	Addrass	06	MeadeRa
	fyasgive war or dates of se	rvice)	W	16- 017	11 0 33	390	3 Comp	F1 '
NO CAUSE OF D	EATH (Enter only one	enuse one lies 6	None	Mr.Charles	H. Small	wood	Lin	Inicum
	H WAS CAUSED BY:	cause par illia i	or (a), (b), and (c).j					NSET AND DEATH
	IMMEDIATE CAUSE (a)_	Gen	eral arterio	sclerosis				?
450.	DUE TO						A THE RES	
Conditions, if any	, which) (b)							
geve rise to Immedi	ete ceuse						- //	
(a), steting the u								
cause last.) (c)_							
PART II. OTHER	SIGNIFICANT CONDIT	IONS CONTRIB	BUTING TO DEATH BUT N	OT RELATED TO THE TER	WINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
3							0.00	YES NO
Z O PART II. OTHER 2De. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.		b. DESCRIBE H	HOW INJURY OCCURED.	(Entar nature of injury in	Part I or Pert II of ite	m 18.)	-	
	MIKIBUTING []	2 000			d vintage	THAT'		
20c. TIME OF INJU	IRY Month, Day, Yee			ACE OF INJURY (Home, I ctory, street, office bldg.,		r town)	(County)	(Stata)
Hour a.m.	10	While et work	Not While te	ciory, sireor, office brage,				
	at I took charge of	the remain	s described above, h	neld an Autopsy	Inspection x	Inquiry	, T. and	in my opinion
death resulted f		-		cide . Homicic		termined ma	[Mary]	and the opinion
death leadined i	Tolli: Natural car	Tees X	Accidetii L, Sui			delillined in		
	0, 1	25	1. VIII	CHIEF MEDICA	AL EXAMINER	200		
ACTUAL SIGNATURE	Eustoul	Atai	beckell	M.D. ASSISTANT M	MEDICAL EXAMINER			DATE SIGNED
EXAMINER'S				DEPUTY MEDI	CAL EXAMINER	4/1	13/61	
	Gustave H.	Fauher	rt.MD	Addrass (Stree	et, city, town, or co	unity)	len Bur	nie Md
NAME (Type) 22a. BURIAL, CREMATIC	N, 226. DATE THERE	F 22c	. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATIO		or country)	(State)
REMOVAL (Specify)	Annil 17	1061 9	t Mary's Cen	(Govans)	Baltim	owe Md		
23. FUNERAL DIRECTO		TACT 2	ADDRESS ALL	more may 240.			STRAR'S SIGNAT	FLIRE
and.	11.0 %	· MALL	n Wille		APR 1 7 '61	a	vilua S. Fla	all &
J. Melin	le Jenker	us dilli	3 Turk a	UC DATE	MI II			
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FOR STATE DEPT

please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fig. 65651 and 2 with the State Board of Malth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. INER: This certificate should be executed within 24 hours after death. If any delay is necessary, its designated agent, prior to burial, cremation, or removal, and in any even TO DEPUTY MEDICAL EX

V5. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03873

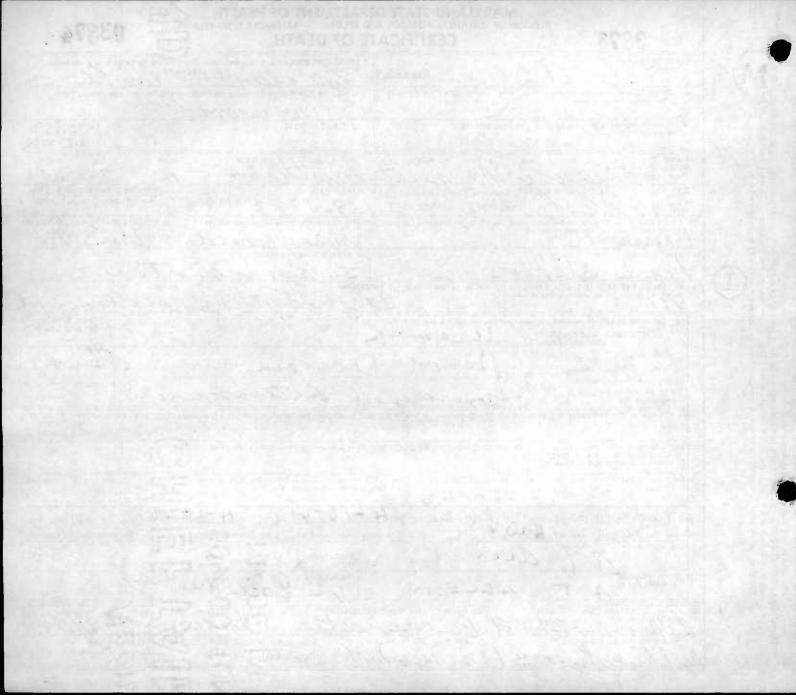
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutions Re	sidence before edmission)
1	o. COUNTY Anne Arundel MARYLAND	a. STATE Maryland b. county lee	n Hnne
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)
	Annapolis	Sudiers VIIIe	1/X-2
400	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
9	Anne Arundel General Hospital	100x 163	YES NO
4	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Year
	(Type or print) CARRIE C.	SMITH DEATH April	4 1961
8	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years If UNDER 1	
8		arch 11, 1896 65 yrs. Months D	ays Hours Min.
	10e. USUAL OCCUPATION (Give kind of york done during most of working life, even it relied) TOUSEWITE OUN HOME	Y 11. BIRTHPLACE (State of Greign country) 12. CITIZ	USA COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
4	James Cunningham	Cook	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no. 17. unkown) (Ifyosgivewerordetesofservice)	NHORMANT G. Smith Address 3	
	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), end (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hematoma		ONSET AND DEATH
	816 X DUE TO		
	Conditions, if any, which (b)		
	geve rise to immediate cause		
	(a), stating the undarlying cause last.		
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY HO OF CONTRIBUTING TO CAUSE OF DEATH. Passenger in motor		YES NO
	2 0000011802 221 120 00.	r vehicle accident.	
1	la di	CE OF INJURY (Home, ferm, 20f. (City or town) (Country, street, office bldg., etc.)	ty) (State)
9	1:30 xxxx 1/1 1961 at work at work	Street Annapolis A.	. Md.
	21. I certify that I took charge of the remains described above, he	ld an Autopsy 🗶, Inspection 🔲, Inquiry 🔲,	and in my opinion
	death resulted from: Natural causes , Accident X, Suici	de, Homicide, Undetermined manner	
		CHIEF MEDICAL EXAMINER	
1	SIGNATURE Charles & Vetty	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	TO WHATEDIO A	DEPUTY MEDICAL EXAMINER	4/4/61
	NAME (Type) Charles S. Petty, M.D. 228. BURIAL, CREMATION, 226. DATE THEREOF, 22c. NAME OF CEMETERY OR	Address (Streat, city, town, or county)	(Stata)
	Burial Opr. 6-196x Pine Lawn	Memorial Kinston	n.C.
	John M. Layler Sous annapolis	mal 240. REC'D LY REGISTRAR 246. REGISTRAR'S SIG	

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	3878	CERTIFICA	TE OF DEATH		00	014
	PLACE OF DEATH C. COUNTY	MARYLAND	2. USUAD RESIDENCE (Who	ere deceased lived. If in		fare admission)
V	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16	c. CMY OR TOWN (IF OR	utside carporate limits, v	vrite RURAL and give n	learest lown)
	d. NAME OF HOSPITAL (If not in haspital, give street oddres OR INSTITUTION	is)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) FLANCES MA	Middle	Smith	4. DATE OF DEATH	4 2	Day Yeor 7 4 196/
/	Jeruale Color or RACE 7. MARRIED [NEVER MARRIED	1-9-187	9. AGE (In last birth	yeors IF UNDER 1 YEA day) Manths Days yrs.	
7	USUAL OCCUPATION (Give kind of work done 10b. KIND daring most of working life, even if retired)	OF BUSINESS OR INDUS	May!	or foreign country)	12.CITIZEN	S, A.
3.	Lewis Stevens		14. MOTHER'S MAJBEN N	ame	Steve	w
S. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	L SECURITY NO. 17. IN	#COT Sm	itle R. 4.	Roy 6800	unalle
	18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	(o), (b), and (c).]			IN	HTERVAL BETWEEN
	Canditions, if any, which) Canditions, if any, which)	ent "	Deseas	e		2 4/0
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>	eroley	of arts	troscle	nery	
CALICA	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITIO	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CEKILL	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of item 1	18.)	
MEDICAL			ACE OF INJURY (Hame, farm, stary, street, affice bldg., etc.		(Caunt	y) (Stote
	21. I certify that (I) (this haspital) attended to		leath accurred at	M. from the cause		that (1) (we) las
	22a. SIGNATURE A. C. Celler			D. STAFF		22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) AT ALL	EM	22d. ADDRESS	other	l St	
30	BURIAL, CREMATION, 23b. DATE THEREOF 23c. BEMOVAL (Specify) 4-27-1961	NAME OF CEMETERY O	R CREMATORY/	23d. hogation gity,	amn, ar county)	Wishgite)
4.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		AY 1 61 256	REGISTRAR'S SIGNAT	

ICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be retained by the haspite. Strending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be fit the State Baard of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING P VR A1S (4) 1SM 9/59



Reg. Dist. No 3875 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Revidence before admission) COUNTY b. COUNTY MARYI AND Anne Arundel b. CITY OR TOWN (If outside corporate limits, write CLENGTH OF STAY IN 16 c. CITY OR TOWNALL outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 6 days Jessup, Maryland d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Md. House of Correction Hospital YES T NO T NAME OF Middle 4. DATE Month Day SPENCER (Type or print) DEATH 19 6 5. SEX 6 COLOR OF RACE 7. MARRIED T NEVER MARRIED R DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER ! YEAR IF UNDER 24 HRS Months DIVORCED T Male negro WIDOWED IZ 81 10a. USUK OCCUPATION (Give kind of work done 1ab. KIND OF BUSINESS OR INDUSTRY 11. BIN HPLACE (Stole of Long most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN MAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address CANSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: VASCULAR DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (State) Hour a. ft. foctory, street, office bldg., etc.) While Not while at work ot work p. m. 26, 196/, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 1 3 A. M., from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S Domingo C. Sorongun 1213 Light St., Baltimore 30, Md. NAME (Type) BURIAL, CREMATION, 225 DATE THEREOF TO NAME OF CEMETERY 22d LOCATION ICE (Stote) 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Orthur S. Krans DATELAY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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SICIAN: The law requires that the death certificate be executed within 24 haurs after deoth. Pay may be revained by the haspits, attending physician.

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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03876

o. COUNTINE Aru	ndel		MARYLAND	2. USUAL RESIDENCE (V	b	Anne	Arunde	1
b. CITY OR TOWN (If our RURAL and give neares	tside corporate limits, it town) (e.G. Meade		hrs		f outside carporate lin		L and give r	nearest town)
d. NAME OF HOSPITAL (OR INSTITUTION U. S. Army	If nat in haspital, give			d. STREET ADDRESS Quarter	s # 1607-E	3		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First VIRGIN	IA	Middle GRACE	TAYLOR	4. DATE OF DEATH	Month April		Doy Year 22 19 61
Female 6.		MARRIED NEVER		DATE OF BIRTH 2: 21 April 1	ast	E (In years IF	UNDER 1 YEA	AR IF UNDER 24 HRS
10a. USUAL OCCUPATION (during most af working	Give kind af wark dar life, even if retired)	ne 10b. KIND OF BUSI	NESS OR INDUST	· ·	te or fareign country) 71and			OF WHAT COUNTRY
13. FATHER'S NAME Edward E.	Taylor			14. MOTHER'S MAIDEN	. Sander			
1S. WAS DECEASED EVER IN (Yes, no, or unknown) (If ye	U. S. ARMED FORCE s, give wor or dates of servi			ormani other Qtr	s # 1607-F	Address B Ft Geo	o G. M	eade, Md.
Canditions, if ony, gove rise to imm. couse (o), stating the lying couse last. PART II. OTHER:	ediate DUE TO (c)	Prematuri		OT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN		11 hrs 13
20a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEI 20c. TIME OF INJURY Haur a. m. p. m.	DICAL EXAMINER)	20d. INJURY OCCURI While Nat while of work at work	RED 20e. PLAC	(Enter nature of injury) CE OF INJURY (Home, fory, street, office bldg.,)	orm, 20f. (City or tov	1	(Count	ly) (Stote
21. I certify that (I saw the deceased 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	olive an 22	April 19 61	L and that de	ath accurred at 1. ATTENDING PHYS. 22d. ADDRESS	MED. STA	AFF	an the da	Apr 61 SIGNE
OCILI	Z. FICHT	MER, Capt.,	M.C.	US Army	Hosp Ft C	ieo G. 1	neade,	ALCO D

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	DIVISION O	F STATISTICAL	MARY RESEA	RCH A	ND RECO	RDS	PARTMEN 301 W. PR	IT OF	MEALT STREET	BALTIMO	RE 1. MAI	RYLAI	ND	
		881					E OF DE					0:	38	77
	PLACE OF DEATH						2. USUAL RE	SIDENC	E (Where de	caasad livad, If		danca be	fora a	dmission)
	Anne Arun	del			MARYLA	ND	a. STATE	land		Ba.1	timore	City	- 50	/
		outsida corporate limit giva naarast town)	s,	c. LENG	TH OF STAY	IN 16	c. CITY OR	TOWN (If	outside corp	orate limits, write				n)
	Crownsvil			10mc	. 28 d	ays	Balt:	imore						
		AL OR INSTITUTION (II		pital, give)	d. STREET A			0	101-	14	ONA	SIDENCE FARM?
3	VIOWNSVII	le State H	ospita	aı	Middle	-	Last		4. DATE	Month		Pay	Year	NO K
	DECEASED (Type or print)						f 1 1 -		OF DEATH					63
	SEX	6. COLOR OR RACE			C.	7 0	Thomas . DATE OF BIRTH			AGE (In years		AR LIEL		61 24 HRS.
٥.		3.7			ER MARRIED				- '	last birthday)	Months Day		urs	Min.
10a	Female	ON (Give kind of work	WIDOWE	ES.	DIVORCED [July 4,		. 9 State or	78 yrs.	12. CITIZEI	Y OF WI	HATC	OLINTRY
do	na during most of wor	king lifa, avan if ratired			3114E33 OK 11	DOSTR			y & State, UI	toreign country)	-			DONIKI
12	Unknown FATHER'S NAME						Mary.		I A MAG		U.	S.A.		
13.									AME					
10	Unknown	D DALLE ADVISOR SOR	erca las		P. GILLETT L. L. G.		Unkno	own				-		
		R IN U.S. ARMED FOR yasgivawarordates of se		SOCIAL S	ECURITY NO.		INFORMANT			Address				
U	nknown				2-0993D	H	ospital I	Recor	ds					
		EATH [Enter only ona	cause per li	ine for (a),	(b), and (c).]							INTERY/ ONSET		
		MAS CAUSED BY: MMEDIATE CAUSE (a)_	Arte	rios	cleroti	ic C	Cardiovas	cular	r Dise	ase				
	422	_ DUE TO												
ŧ	Conditions, if any		Gene	ral	Arterio	oscl	Lerosis							
	gava risa to immadia (a), stating the un	DI IE TO									AF7214			
ē	cause last.	(c)												
NO	PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING	G TO DEATH	BUT NO	OT RELATED TO TH	E TERMIN	AL DISEASE	CONDITION GIV	EN IN PART 1(19. W	/AS A	UTOPSY
ATIC	Chronic R	rain Syndro	me Ac	enni	e tod wit	+h	A-tomica	ol one	naia				PERFO	NO T
IFIC.	20a. ACCIDENT WA						. (Enter nature of i			of item 1B.)				
CERT	OR CONTRIBUTING	MEDICAL EXAMINER)												
CAL	20c, TIME OF INJUI	RY Month, Day, Yea	r 20d. I	INJURY O	CCURRED 2		CE OF INJURY (H			or town)	(County)	((State)
MEDIC	Hour a.m.		Whila	Not \		faci	lory, straat, office b	oldg., elc.) —						
2	p.m.	- 17				t	5/15	1	053 10	1/13	1067	Abas	(1) (ua) lac
		nat (I) (this hospit												
		ed alive on	44.42		/ U.L ., and	inar	death occure	a ar.z.	M. Iron	i the causes	and on the	date		DATE
	22a. SIGNATURE	1/1	10.	1/5	-		ATTENDING		ED.	STAFF			A /	SIGNED
	22c. PHYSICIAN'S	Mull	in	12		M	I.D. PHYS.		RECTOR X	PHYS.			4/	15/0
	NAME (Type)	L. Ben	edict	, M.	D.				le Sta	te Hosp	ital, M	aryl	and	
234	BURIAL, CREMATIC	ON, 236. DATE THER	EOF	23c. N	AME OF CEM	ETERY	OR CREMATORY		23d. LOC	ATION (City, to	wn or county)		(Sta	ate)
	Burial	1 4/18/61	1/	C.8	H. Bur	ial	Grounds		Cro	wnsvill	e	N	ary	rland
24	ELNERAL DIRECTOR	SIGNATURE	60	A	DDRESS			250 REC'	D BY REGIST	TRAR 256. RE	GISTRAR'S SIG	NATURE		

arthur S. Krous

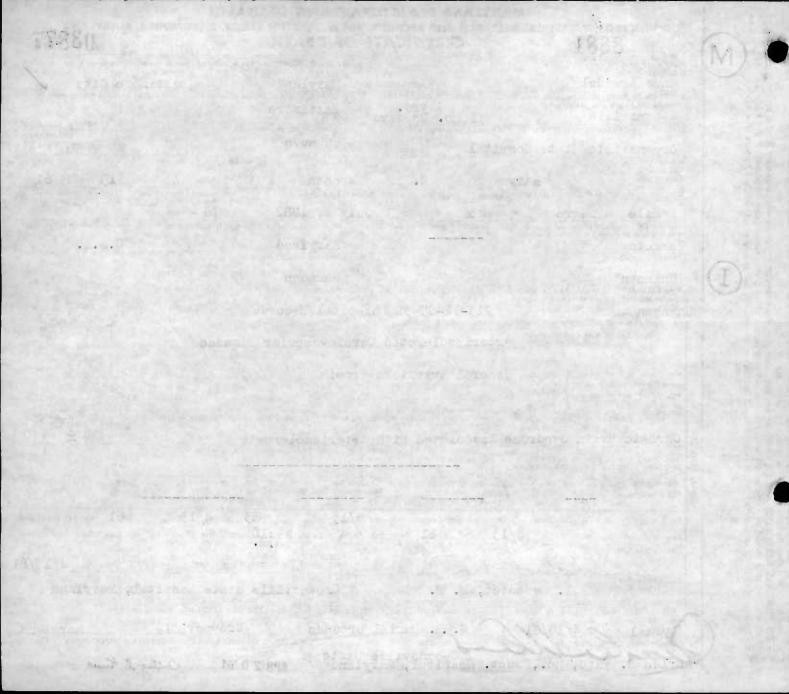
Md., Supt. Hospital, Maryland

TO HOSPITAL OR ATTENIA REPUBLICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeration, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Charles S.

Ward.



1 SOR STATE LITH DEPT

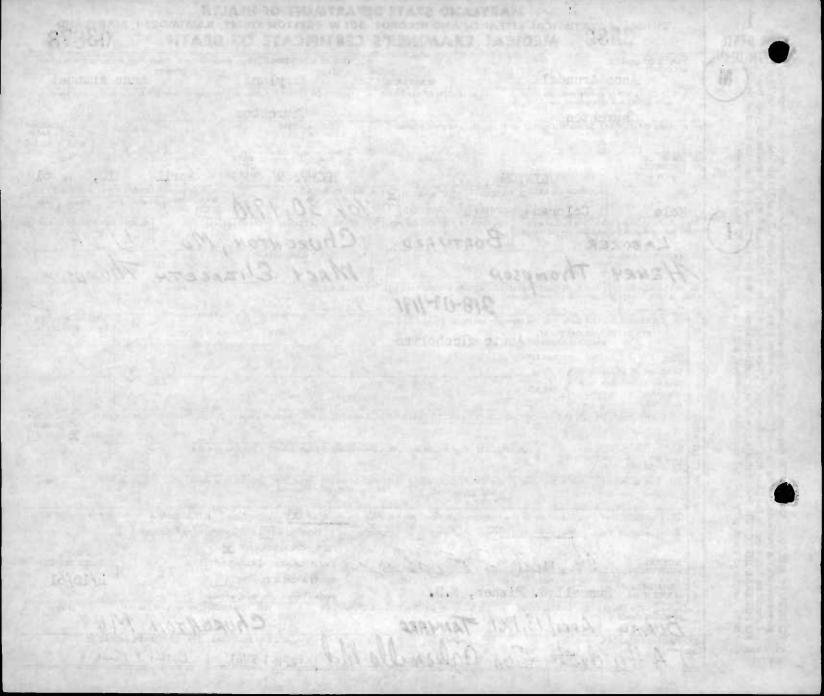
please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 7 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. MER. This certificate should be executed within 24 hours after death. If any delay is necessary, TO DEPUTY MEDICAL EX

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()3878

N	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare decessed lived, If institution: Rasidenca bafore admission)					
1	Anne Arundel MARYLAND	b. COUNTY Anne Arundel					
1	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
1	write RURAL and give neerest town)	Churchton					
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)	d. STREET ADDRESS e. IS RESIDENCE					
1		ON A FARM? YES \(\tag{NO} \)					
-	3. NAME OF First Middle	Last 4. DATE Month Day Yeer					
	DECEASED	OF .					
1	OPTIMION	THOMPSON DEATH April 10, 19 61 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
1	V. MANNED LINE MANNED X	1/2 2 1 10/11 last birthday) Months Deys Hours Min.					
	Male Colored WIDOWED DIVORCED	100 JU 1 110 50 yrs.					
)	10a. USUAL OCCUPATION (Give kind of work dona during most of working life, avan if ratired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
4	LABORER DOATYARD	CHURCHTON, MO USA					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	HENRY MOMPSON	MARY EIZABETH MOMPSON					
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyasgivawerordetes of servica)	INFORMANT Address					
	- 3/8-07-//9/	LAUDE MOMPSON CHURCHTON, MA					
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Acute alcoholism						
	2 2 2 DUE TO						
	Conditions, if any, which (b)						
	geva rise to immediate cause						
	(e), stating the undarlying Cause lest. (c)						
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY					
	ATIO	PERFORMED? YES NO					
1		Enter nature of injury in Pert I or Pert II of item 18.)					
	FRIMARY Or CONTRIBUTING CAUSE OF DEATH.						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)					
	Hour s.m.	tory, street, offica bldg., atc.)					
	21. I certify that I took charge of the remains described above, he	ald an Autopsy X, Inspection I, Inquiry I, and in my opinion					
	death resulted from: Natural causes X, Accident , Suic						
1	death resulted from: Natural Causes T, Accident T, Suite	CHIEF MEDICAL EXAMINER TO					
	BCTUBL R. AADOD S	ASSISTANT MEDICAL EXAMINER DATE SIGNED					
-	SIGNATURE O LANGE	M.D.					
	Russell S. Fisher, M.D.	DEPUTY MEDICAL EXAMINER [] 4/10/61					
	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY O	Address (Streat, city, town, or county) R CREMATORY 22d, LOGATION (City, town, or country) (State)					
	PMOVAL (Specify) 1 201/13 19/1 - TANKINGO	Chungall-AN MA					
1	23. FUNERAL DIRECTOR 4 ADDRESS A P	A 1 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE					
	TA Landert Co Caller III	a MIII					
	MARGINE NOCEPHOLOGICAL IN	/// DATAPR 17'61 Cirling S. Thank					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

MARYLAND

c. LENGTH OF STAY IN 16

CERTIFICATE OF DEATH

d. STREET ADDRESS

03879

e. IS RESIDENCE ON A FARM?

UE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town)

b. COUNTY

the funeral direct shauld be filed with SICIAN: The law requires that the death certificate be executed within 24 haurs after death.

PLACE OF DEATH

NNI

OR INSTITUTION

RURAL and give nearest town)

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street oddress)

a. COUNTY

by d 2			1201 CRAWFORD DRIVE 1201 CRAWFORD DRIVE YES NO
124 haur illed in b es 1 and ath.			NAME OF DECEASED (Type or print) Charles MASON A. TORMOLLAN 4. DATE Month Day Year OF DEATH 4 16 1961
scuted within 24 campletely filled papers. Pages 1 ours after death.		5. 9	SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Manths Doys Hours Min.
cample papers.		10a	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
and ban 72 h	~	13.	FATHER'S NAME. DATING 14. MOTHER'S MAIDEN NAME
	(I)		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO IN E 217-01-7638 REGINA TORMOLLAN 1201 CRAWford DRIV
attending please rin any ever			18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: A COLUMN CAUSE OF DEATH ONSET AND DEATH
the at Then and ir			IMMEDIATE CAUSE (a) CANCING MILE LUNG LET 3 MOS.
ed by rmit. aval,			Canditions, if any, which gove rise to immediate (b)
on. sign sit pe			couse (a), stating the <u>under-lander (c)</u> Lying couse last.
ng physicide has been burial-transemation, a	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: TI ending ficate It the bur		CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
his certi		MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Nat while at wark of otwark of the design of the wark of the wa
ospite After t After t ed far priar			21. I certify that (I) (this haspital) attended the deceased fram 10-27 1961, to 10-16, that (I) (we) last
the the etach	-1		saw the deceased alive an 10-15 1960, and that death accurred at 10 M, from the causes and an the date stated abave. 22a. SIGNATURE 22b. DATE
ined by DIRECT Ild be da ard of H		3	Chashs & Mar Danielle Min M.D. ATTENDING MED. STAFF PHYS. 1 4-17-69NED
retaine RAL DI shauld e Board			22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 204 LILLIE HUZ So. Step & William HUZ So. Step & William HUZ So.
TO HOSPITAL may be removed the Funeral page 3 shauthe State Box	0	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 1318 CAL 4/20/6! MT, OLIVET BALTIMORE Md.
VR A15 (4)	K	24.	EUNERAL DIRECTOR'S SIGNATURE COLOR OF AL HOADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE APR 1 8 '61 Crithy 8. Thomas
1SM 9/\$9'			Commence By March 2101 / March 197

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4.				
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	15 F. P. P. 31 240		BUTCHEN 1207	1
437			7 - 1 - 2 - 1 - 2	
	and with	Section 4 Anne	Chamber Tox	

EOR STATE LIH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 yours after death.

VS. A15ME 5M 7/59 0

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3884 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03880

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare decessed lived, If institution: Rasidence before admission)
a. COUNTY	YLAND Same Same
Anne Arundel MAR b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF ST	
write RURAL and give nearest lown)	
Baltimore 25 2 month	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	dress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
11 Second Avenue	Same YES NO.K
3. NAME OF First Middle	Lasi 4. DATE Month Dey Yeer
(Type or print) Tolan Polymon Manager	OF DEATH April 3rd, 19 61
5. SEX John Edgar Trace 6. COLOR OR RACE 7. MARRIED X NEVER MARR	
	last Dirindey Months Days Hours Min.
M WIDOWED DIVORC	
done during most of working life areas if anticout	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Meat Cutter Eddies Sur	p.Mat. Franklin County, Pa. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Watte Mache
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY	Hattie Moats NO. 17. INFORMANT Address
(Yes, no, or unkown) (If yes give wer or detas of service)	Address
No 173-03-344	5 Mrs. Beulah Trace (wife)
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and	(c).] INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Coronary Occl	usion Sudden
420.1 DUE TO	
geve rise to immediate cause	
(a), steting the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5	YES NO DO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY O	OCCURED. (Enter nature of injury in Part I or Part II of item 1B.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 20%. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSE HOW INJURY OF CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED While Not While work at work at work	20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (State)
Hour a.m. While Not While el work at work	lactory, streat, office blog., arc.)
21. I certify that I took charge of the remains described a	above, held an Autopsy . Inspection x, Inquiry x, and in my opinion
death resulted from: Natural causes Accident	
	CHIEF MEDICAL EXAMINER
SIGNATURE Sustane It sucher My	DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER \$ 4/3/61
220. BURIAL, CREMATION, 225. BATE THEREOF FAUTER NAME OF CE	Address (Street, city, town, or county) METERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
REMOVAL (Specify)	01-11
23. FUNERAL DIRECTOR ADDRESS	d Cemetery Chambersburg, Penn.
Howard H. Hubbard 4107 Wilkens	DATE APR 5 '61 Chilling & Thomas

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Eugale, E.				. B everage . B.
· r	Chemerannen)		orlanc (1 17/11
		of toy	ares'res sor	Waranari a a samo

FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03881 Division (STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	RIVERS OF STREET			nstitution: Residanca bafore admission
Anne Arundel	MARYLAN	a. STATE Mary	b. COUN	Anne Arundel
b. CITY OR TOWN (if outside corporata lin		2200	(If outside corporate limits, write	
write RURAL and give nearest town)		V 02	Danama	
d. NAME OF HOSPITAL OR INSTITUTION	d (if not in bosnital nive street address)	d. STREET ADDRESS	Burnie	Dank a. IS RESIDENCE
		_ /		ON A FARM
	polis Rd., Maryley		Old Annapolis F	Rd., Marleys No
3. NAME OF Fin	rsl Middle	Last	4. DATE Month	Day Year
(Typa or print) DON	NALD THOMAS	TURNER	DEATH Apri	1 9. 19 61
5. SEX 6. COLOR OR RAC	E 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Colored	WIDOWED DIVORCED	10/6/27	last birthday) 33 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of wo		JSTRY 11. BIRTHPLACE (Slat	a or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, avan if reti	rad)	Raltimo	re, Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		1 0.50.20
Justin Plato Turr	ner	Ethel J		
15. WAS DECEASED EVER IN U.S. ARMED FO			Address	
(Yes, no, or unkown) (Ifyasgivawarordateso				
No	578-55-1141	Mr. and Mrs.	J. P. Turner (p	
18. CAUSE OF DEATH [Enter only or			ld-addma -hasand	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Lung abscess with	empyema comp.	ricaring curour	
5 < 1 × 1988	pancreatitis			
Conditions, if any, which	b)			
gave risa lo immadiata causa	0			
(a), stating the undarlying cause lest.				DADUTAT
The state of the s	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	FN IN PART 1(a) 1 19 WAS AUTOPSY
E PARI II. OTTER SIGNIFICANT CONT.	SINGING CONTINUE TO SERVING	THE TENE	WALE DISEASE CONSTITUTE CONT	PERFORMED?
3	<u> </u>			YES X NO
PART II. OTHER SIGNIFICANT CONE 208. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ U CAUSE OF DEATH.	206. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Pa	art I or Part II of itam 18.)	
ZOc. TIME OF INJURY Month, Day, Y Hour e.m.		PLACE OF INJURY (Home, fer factory, street, office bldg., et		(County) (State)
Hour e.m.	While Not While at work at work	PARTIAL		
21. I certify that I took charge	of the remains described above	, held and Olopsy X,	Inspection , Inquir	y , and in my opinion
death resulted from: Natural	causes X, Accident ,	Suicide , Homicide	Undetermined m	anner 🗍
7		CHIEF MEDICAL	EXAMINER X	
ACTUAL (1/4 A O)	of Starle	ASSISTANT ME	DICAL EXAMINER	DATE SIGNED
SIGNATURE	1 - whe	L. Miller	AL EXAMINER	
EXAMINER'S Russell S.	Fisher, M.D.		, cily, town, or county)	4/10/61
228. BURIAL, CREMATION, 226. DATE THE			22d. LOCATION (City, lowg,	or country) (Stata)
REMOVAL (Spacify) 11-15	- lal Campky	More N. al	Runpa G	on Pr. Mod
23. FUNKAL DIRECTOR	ADDRESS	24a. RE	C DBY REGISTRAR 246. REGI	STRAR'S SIGNATURE
Madrey Sa	100 217 8 F	anto SI	4 0 101	Intlun S. Kraus
1 aynu oun	ans 2.10 116	LOLON UX DATE	APR 18'611 C	MEMA A. MAMA

please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death. NER: This certificate should be executed within 24 hours after death. If any delay is necessary, TO DEPUTY MEDICAL EX VS. A15ME 5M 7/59

SHAF ALL Was the ... in milecommissing the water to the party ... of this grams of the TELLER GOLLY SELECTION They will be and shu, it is the property Start at Lab. 1 on temperature and a south to have been to the A STATE OF THE PARTY OF THE PAR THE REAL PROPERTY OF THE PARTY OF THE PARTY

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SION	OF	STA	TISTIC	CAL	RESEARCI	I AND	RECOR	DS —	BALTIN	ORE	1. MAI	RYL
											. ,	

	O O DIVISION OF STATISTICAL RESEARCH	DEPARTMENT OF HEALTH AND RECORDS — BALTIMORE 1, MARYLAND ATE OF DEATH
F	1. PLACE OF DEATH WILL GREEN OF COUNTY X	2. USUAL RESIDENCE (Where deceased lived. If inst

	3886	1 1 1	CERTIFICA	TE OF DEATH	MARTLAND	()	388	32
	PLACE OF DEATH	mandel 6	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	ed lived. If institutions b. COUNTY	Residence before	Ore admissi	ion)
	b. CITY OR TOWN (If outside a RURAL and give neorest town	orporote limits, write	E LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porote limits, write RUR	AL and give no	arest town)
	d. NAME OF HOSPITAL (If not OR INSTITUTION	in hospital, give street	oddress)	d. STREET ADDRESS Walton	lve			FARM?
	NAME OF DECEASED (Type or print) Ta Og	First	Middle //	Zuroz 4. DATE OF DEATH	H H Month	24/0	/ /	Year
S. :	M Ton	SUAPA WIDOW		Unk. 1886	1	Nonths Days	R IF UNDE Hours	Min.
100	during most of working life, by	and of work done 10b. ven if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign Hungary	country)	12. CITIZEN C	USA	OUNTRY
	FATHER'S NAME UNKNOW			14. MOTHER'S MAIDEN NAME Unkr	nown		10	
IS. (Ye	Yes WAS DECEASED EVER IN U. S. (If yes, give v	var or dates of service)	SOCIAL SECURITY NO. 17.1	Army Discharge	Addres	\$		
	PART I. DEATH WAS COMMEDIA	/ / /	ne for (o), (b), and (c).	vury Thro.	mfoxi		TERVAL BE	
	Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause lost.</u>	DUE TO						
CATION	PART II. OTHER SIGNII	FICANT CONDITIONS (CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN	IN PART 1(o)	19. WAS PERFO	RMED?
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICALEXAMINER)							
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote foctory, street, office bldg, etc.)							
	21. I certify that (I) (this saw the deceased alive 22a. SIGNATURE	wh 109/	//////	death occurred at A. M. from M.D. PHYS. MED. DIRECTOR E	the causes and			
	NAME (Type)	pu [DSKEK	22d. ADDRESS DE	HTOH	m 7	3	

BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)

Burial 5/1
24. FUNERAL DIRECTOR'S SIGNATURE Itimore Nationa] Baltimore Ma 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE CALLMY S. Trans With angers

Hopping and Wen Burnie, Md. kley,

DATE

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3887 M

EDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Reg. Dist. No. 03883
					Reg. Dist. No. U DOO

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY and andel MARYLAND	O. STATE THE COUNTY C. CO.
b. CITY OR TOWN (If outside corporate limits, write RURAL ord give nearest fown)	CITY OR TOWN (If our ide corporate limits, write RURAL and give nearest town)
Cerripolis !	(Cimapolio)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	d. STREET ADDRESS . IS RESIDENCE ON A FARM?
29 Mouringlad St.	D. 9 Monument St. YES NO D-
3. NAME OF DECEASED First Middle	Lost 4. DATE Month Day Year
(Type or print) Ohi) ey O. We	STRICYS DEATH 4 8 1961
	B. DATE OF BIRTH 9. AGE (In year) IFUNDER 1YEAR IF UNDER 24 HPS. Months Days Hours Min.
Temple Ot. WIDOWED DIVORCED	6-18-1433 3 yr.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS duling most of working life, even if refired)	TRY 11. DETHPLACE (State or foreign country) 12. CITIZEN OF MHAT COUNTRY?
1 oul	Drashington, D.G. U.S.C.
13. FACHERS NAME	14. MOTHENS MAIDIN MANE
Colgie Statems	Katherne Hounes
15. WAS DECLASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INEQPIMANT Address
112	selecule frampon- Vivorga, 17 d.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	2 10 INTERVAL BETWEEN OF SET AND DEAD!
IMMEDIATE CAUSE (0) Copyright	ard Afrens, Justin
916.0 DUE TO	
Conditions, if any, which (b) gave rise to immediate cause	
(o), stoting the underlying DUE TO	
couse lost. (c).	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNAL CONDITIONS CONTRIBUTION TO DEATH BUT	PERFORMED?
200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED	Enter noture of injury in Port I or Port II of item 18 1
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. CAUSE OF DEATH.	led on furt floor
	ACE OF INJURY (Home, form, 120f, (City or town) (County) (State)
Hour o.m. / While Not while	Jory, street, office bldg., etc.)
	one i pro
21. I certify that look charge of the remains described abo	
opinion death related from: Natural causes , Accident	Suicide , Homicide , Undetermined manner
ACTUAL / /	DATE SIGNED
SIGNATURE / pur triell	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S F	ASSISTANT MEDICAL EXAMINER D
NAME (Type) 2299BURIAL CREMAMON, 126. DATE THEREOF 1220 MAME OF CEMETERY O	
(REMOVAL (Specify)	R CREMATORY (Signe) (Signe)
23. FUNERALDIBECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR AB. REGISTRAR'S SIGNATURE
Million (Account)	mall I was a stranger
Minam Messer 1 - Contin	DATE APR 12 619 CINCIPLA.

no man land. Commercial Commercial But some of inger pilus tution in the The transmit of the Shirley 5: water.com 5-16-17:55 Family of Sint of the Day of the - Joseph James entile extens Fillmys beamson the person was enforced and the Leve it-11- 51 Brenoen Still Ampagala, 1991 In home the will fight.

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
EOR ST	ATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
K LTH	DEPT.	1. PLACE OF DEATH o. COUNTY O. STATE Maryland b. COUNTY O. STATE Maryland b. COUNTY O. COUNTY O. STATE Maryland b. COUNTY O. COUNTY O. COUNTY O. COUNTY O. STATE Maryland O. COUNTY O. COUN
ctor. Productile	M	b. CTX OR TOWN (If outside corporate limits, write BURAL ond give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ed far) e Board h.	* 1	d. NAME OF HOSPITAL ONINSTITUTION (If not in hospital) give street oddress) 29 Montament St. 129 Monument St. ves \(\text{NON A FARM?} \)
the fune refain he Stot	X	3. NAME OF DECEASED (Type or print) Ve) a Lee Watkins 4. DATE OF DEATH DOY, YEOR 196/
od 3 to 15 may b 2 with t		SEX OF STATE OF BIRTH 9. AGE III years for bighdoy! WIDOWED DIVORCED 2-6-19.58 9. AGE III years for bighdoy! WIDOWED DIVORCED 7-6-19.58 9. AGE III years for bighdoy! WIDOWED MIDOWED MIDOWED WIDOWED MIDOWED
Page 1 and hin 72 h		100, USUAL OCCUPATION (Give kind of work done down and street of the str
Poges m PM3.	(I)	13. BATHER'S NAME Sattlema Sattlema Johnson
with farming. File		15. WAS DECLASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If you give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If you give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If you give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If you give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If you give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If you give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If you give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If you give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If you give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If you give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If you give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If you give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If you give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If you give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If you give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If you give war or dates of service) 17. INFORMANT ADDRESS (If you give war or dates of service) 18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If you give war or dates of service) 18. SOCIAL SECURITY NO. 18. SOCIA
along along it perm		PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) (19), and (c). MMEDIATE CAUSE (o) (19), and (c).
Office iol-trons	√	Gonditions, if ony, which agove rise to immediate cause
miner's		(a), stating the underlying DUE TO cause last. (c)
pending cal Example used as		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
word " f Medic wid be wrial, a	0	200. EXTERNAL CAUSE WAS PRIMARY OF OF SEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) CAUSE OF SEATH.
he chie	07	20c. TIME OF INJURY Month. Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY florme, farm, Place bidg., etc.) Hour a. m. 4-5-1941 work of w
e, wrift ed to t OR: Pag ent, pr		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
ertification or ward	1	ACTUAL SIGNATURE
le the could be fire designed	- Just	EXAMINER'S FL When I DEPUTY MEDICAL EXAMINER 4-8-61
execut 4 shar or its		Bremoval (Spelly) 4-11-61 Brewer Hell (Stock)
S. A15ME 5M 2/57		23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 248. REGISTRAR'S SIGNATURE DATE APR 1 2 '61 CITCHUM S. France.

may 6 (2 (2). Mary of Charles Seller and, yell first 2737 Champer Colo Teld Lee Watkins in the Colon of th E 1797 - 12 3 Surged Tig. 21 . C. - Lunger wisters which in the punchtise till serged promotest immedities. (character, 1) Devent 4-11-121 Bure v Still per per - I in it is in the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ();

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Whara dace			ence before e	dmission)
Anne Arundel	MARYLAND	a. STATE Maryland	a	b. COUN	ltimore	City	V
b. CITY OR TOWN (if outside corporate limits,		c. CITY OR TOWN (vn)
write RURAL and give nearest town)		Baltimo			21/2/	-4	
Crownsville	2yrs. 9mos.	d. STREET ADDRESS			200.	1 a 15 p	ESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	ei, give street address)	603 Pitch	hon Stro	<u>^</u>		ON	A FARM?
Crownsville State Hospits	al	009 1100		60		YES	NO X
3. NAME OF First DECEASED	Middle	Lest	4. DATE	Month	Da	y Yea	r
(Type or print) John		Weaver	DEATH	4	7	3 19	61
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	DATE OF BIRTH	9.	AGE (In yeers	IF UNDER 1 YEA	R IF UNDER	24 HRS.
Male Negro WIDOWED		tober 27, 18		4 yrs.	Months Deys	Hours	Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIN	OF BUSINESS OR INDUSTR			reign country)	12. CITIZEN	OF WHAT	COUNTRY?
done during most of working life, even if retired)		Marylan	d		II.S	.A.	
Bartender 13. FATHER'S NAME		14. MOTHER'S MAIDEN					
Walter T. Weaver		Sarah Fa					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 50	CIAL SECURITY NO. 17.	NFORMANT		Address			
(Yes, no, or unkown) (If yes give we ror detes of service)		Hospital Rec	ords				
18. CAUSE OF DEATH [Enter only one ceuse per line		TOOPT OUT TOO	01 45			NTERVAL BE	TWEEN
BARTI REATH MAS CAUSER BY						ONSET AND	
IMMEDIATE CAUSE (a) Con	gestive Heart	Failure					-
HADA I DUE TO							
Conditions, if eny, which \ (b) Arter	iosclerotic C	ardiovascula	r Heart	Diseas	e		
geve rise to immediate cause							
(a), stering the underlying							
(0)	RIBLITING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART 1(a)	19. WAS	AUTOPSY
E PART II. OTHER SIGNATION CONDITIONS	WOOTH TO THE	The state of the s			.,	PERFC	DRMED!
\[\frac{\zeta}{2}\]						YES	NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II o	f itam 18.)			
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. IN		CE OF INJURY (Home, fare		or town)	(County)		(State)
-11		ory, street, office bldg., etc	c.) ——				
	at work	77 /7	. 50	/2			
21. I certify that (I) (this hospital) attended							
saw the deceased alive on4/.3	196.1., and that	death occured at 1	IPM, from	the causes	and on the	date state	d above
226. SIGNATURE		ATTENDING	MED	STAFF		221	SIGNED
thildepass tearer Ke	m - m		DIRECTOR _	PHYS.			4/4/6
22c. PHYSICIAN'S							
Hildegard Heard Reiss		22d. ADDRESS				-	-
238. BURIAL, CREMATION, 236, DATE HEREOF	man, M. D.	Crownsvi	lle Stat	e Hosp	ital, Ma	arylan	d
REMOVAL (Specify) 4/9/6/	man, M. D. 23c. NAME OF CEMETERY Asbuly	Crownsvi		e Hosp			d. Synte)
REMOVAL (Specify) 24 FUNERAL DIRECTOR'S, SIGNATURE	man, M. D. 23c. NAME OF CEMETERY ADDRESS O	Crownsvi OR CREMATORY		ION (City, to	wn or county)	mol	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03886

			0000	
A. PLACE OF DEATH			d, If institution: Residence before admi	ission)
Anne Arundel MARYLAND	a. STATE Maryland		Baltimore City	
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b			writa RURAL and give nearest town)	
write RURAL and give nearest town) 20 yrs.	Baltimon			
Crownsville 10mos.24 days	3		a. IS RESID	ENICE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	3	a. IS RESID	
Crownsville State Hospita;	Unknown		YES NO	o <u>X</u>
3. NAME OF First Middle	Last		Aonth Day Year	
DECEASED (Type or print) Blanche	White	OF DEATH	4 4 19 6	1
5. SEX 6. COLOR OR RACE 7. MARRIED 8	. DATE OF BIRTH	9. AGE (In y	ears IF UNDER 1 YEAR IF UNDER 24	
Warmal a Marma	July 5, 1889	last birthd	ay) Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	4 //	inty & State, or foreign cour	ntry) 12. CITIZEN OF WHAT COU	INTRY
done during most of working life, aven if retired)	17.2		TI C A	
Domestic		ginia	U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
John Edward Smith	Priscilla			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT	Ad	dress	
(Yes, no, or unknown) (Ifyas give war or datas of service) Unknown	Hospital Re	cords		
18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), end (c).]			INTERVAL BETWE	
PART I. DEATH WAS CAUSED BY: Cerebrovascular	Accident		ONSET AND DEA	IH
IMMEDIATE CAUSE (a)				
Amtoniogo Constito Co		n Digongo		
Conditions, if any, which (b) All terroserer trees	arurovascura	T DISease		
(a), steting the underlying DUE TO				
ceuse lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTO	OPSY ED?
THE STATE OF THE S				X
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in	n Part I or Pert II of item 18.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	· -			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Homa, fa		(County) (Sta	ata)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA While Not While fact at work at work	ory, straat, offica bldg., at	(c.)		
	= /3.0	10 4/4	4. 67	\ \ 1
21. I certify that (I) (this hospital) attended the deceased from.	5/10	1940, to4/4	, 19Q. that (I) (we	a) las
saw the deceased alive on 4/4 19.61, and that	death occured at		ses and on the date stated a	
22a. SIGNATURE	ATTENDING	MED. STAFF	22b. D	
1 Jerusites	.D. PHYS.	DIRECTOR PHYS.	□ 4/5	61
22c. PHYSICIAN'S	22d. ADDRESS			
NAME (Type) L. Benedict, M. D.	Crownsvi	lle State Ho	spital, Maryland	~
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (Cit-	y, town or county) (Stata)
REMOVAL (Spacify) 4/7/61 C.S.H. Buria	l Grounds	Crownsy	ille Maryl	and
24 SON CAL DIRECTO S SIGNATURE			. REGISTRAR'S SIGNATURE	DATE OF
C.S.H. Ma			arthur S. Kraus	
Charles S. Ward, M.D., Superintendent	DATEM		D. Maria	

TO HOSPITAL OR ATTEND STRENG STREAM AND THE HOURS THE HOUR SHAPE THE GOATH CONTINUES BY A MAY BE retain. BY the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be executed within 24 hours

VR A15 (4) 15M 9/60 ST. No. of the panel of the party of the Personal Transaction of the State Con-to per the classical effect of the second of the control of the co And the State of the Adams of the State of t

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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		0003	
1		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
		Anne Arundel MARYLAND	a. STATE b. COUNTY Maryland Anne Amundel
1		b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		write RURAL and give neerast town)	×
2		Millersville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d, STREET ADDRESS e. IS RESIDENCE
0		a. NAME OF HOSPITAL OR INSTITUTION (If not in nospital, give street address)	ON A FARM?
		Knollwood Manor	9th Avenue YES NO W
		NAME OF DECEASED Minnie MAY WH	itekite OF Month Dey Year
		(Type or print)	######### DEATH 4 10 19 61
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		Fentale White WIDOWED I DIVORCED	May 22, 1882 lest birthdey) Months Deys Hours Min.
	1Da	. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRING most of working life, even if relired)	
		Housewife	Applement Donehesten Ctr. II C A
	13.	FATHER'S NAME	Applegarth, Dorchester Cty. U.S.A.
		Thomas Lewis	Elizabeth Dean
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, 1	NFORMANT Address
	(Ya	s, no, or unkown) (Ifyesgivawerordatesofsarvice)	041- 4 0 11
	=	18. CAUSE OF DEATH [Entar only ona ceuse per line for (e), (b), end (c).]	Irs. Dolores Baker 9th Ave. Green Haven
		BARTA BEATH WAS SAUSED BY	ONSET AND, DEATH
90		IMMEDIATE CAUSE (0) CERTISOLA L	THROW BOSIS 3 weeks.
	10	332 X DUE TO	
		Conditions, if eny, which) (b) ATHEROSC!	EEF LOSIS. YEARS.
		geva risa to immediate ceuse	
		(a), stating the underlying cause lest.	
in	7	(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
U	TIOI	HYPERT EWSION	PERFORMED?
н	S		YES NO
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Part I or Part II of item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	tunu ti tunu ta	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	WED	Hour a.m. While Not While p.m. 19 et work et work	(i), aroun, office bregg, ore.)
1		21. I certify that (I) (this hospital); attended the deceased from.	4/3, 1961, to 4/10, 1962, that (I) (we) last
			12: 45 (1) (1) (1)
70			death occured at
2	3	22e. SIGNATURE	ATTENDING MED. STAFF SIGNED
/-			.D. PHYS. DIRECTOR PHYS. 4 11 67,
		22c. PHYSICIAN'S NAME (Typa) CEAARO CHURCH	121 (ATTO: NO. 4 57 AWARAIS FOR.
		O-ENCHICA CHOUCH	121 (ATHERAME ST ANNAPOLIS AND.
	238	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
0		REMOVAL (Specify) Rurial 4/13/61 Cedar Hill C	Semetery Brooklyn, Md.
X	25	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
13	1	Carmond Complen Burnie, Md.	DATE APR 1 4 '61 Circles S. Krous
1.	<u> </u>	Los Literal Contracti Datate) was	PAGE 7

TO HOSPITAL OR ATTEND S PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages I and 2 should be detached for use as the burial-transit permit. Then please carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13888

	Items 2	& 23d Film (1286 5/3/1	57 inle		00000
1. PLACE O	F DEATH		2. USUAL RESIDEN	ICE (Where deceased live		sidence before edmission)
	Arundel	MARYLAND	a. STATE Maryland	ъ. с	altimore	City
b. CITY OR	TOWN (if outside corporete limits, URAL and give nearest town)	c. LENGTH OF STAY IN 16		(If outside corporeta limits,	write RURAL and	give nearest town)
478	sville	7mo. 1 day	Baltimor	e	3101	-h
d. NAME (OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS		~	. IS RESIDENCE ON A FARM?
Crown	sville State Hospit	al	thknown	1423 E. Fed	deral St.	YES NO
3. NAME O		Middle	Last			Dey Yeer
(Type or pr			Wilkes	DEATH	4	19 19 61
5. SEX	6. COLOR OR RACE 7. MARR	RIED T NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In y		
Male	Negro widow		April 18, 19	000 61 y	rs. Months De	ys Hours Min.
10e. USUAL of	OCCUPATION (Give kind of work nost of working life, even if retired)	KIND OF BUSINESS OR INDUSTR		nty & State, or foreign cou		EN OF WHAT COUNTRY
Unkno			North Caro	lina	T T	J.S.A.
13 FATHER'S	NAME		14. MOTHER'S MAIDEN	NAME		
Oscar	: Wilkes		Flora Ann	?		
	EASED EVER IN U.S. ARMED FORCES? 16 hkown) (Ifyesgivewerordatesofservice)	6. SOCIAL SECURITY NO. 17.	NFORMANT	Ad	dress	
Unknown	1		ospital Reco	rds		
	JSE OF DEATH [Enter only one ceuse pe	r line for (e), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
PAR	IT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Septicemia				
	DUE TO					
	s, if eny, which (b)	Bed Sores				
	to immadiata cause DUE TO .					
ceuse lest) (c)					
Z PART	II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
0	nic Brain Syndrome A				·	YES NO X
OR CONT	CIDENT WÁS UNDERLYING 20b. DI RIBUTING CAUSE OF DEATH , NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Pert I or Pert II of item 1B.		
0		faci	CE OF INJURY (Home, fer ory, street, office bldg., et		(County	y) (Steta)
21. I ce	ertify that (I) (this hospital) attended deceased alive on	ended the deceased from	9/18 death occured a2:	19.57 to 4/19 30 M, from the cau		that (I) (we) lase date stated above
229 500 d'la	legard Heard Re	i sman	ATTENDING PHYS.	MED. STAFF PHYS.		22b. DATE 4/19/61
22c. PHY	SICK S ME (Dpe)Hildegard Heard	Reissman, M. I	22d. ADDRESS Crownsvil	lle State Hos	pital, M	aryland
	CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City Baltimo	y, town or county) Ore, Mary	(Stote)
24 FUNERAL	DIRECTOR'S SIGNATURE	ADDRESS	25a, RE	C'D BY REGISTRAR 256.		
1	allen A	KIES-	Ra HDATE	MAY 1 '61	arthur,	S. Kraus
		1	10011			

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24b. REGISTRAR'S SIGNATURE

andling & thous

240. REC'D BY REGISTRAR

APR 25 '61

CERTIFICATE OF DEATH 3293 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY Anne Arundel MARYLAND Anne Arundel Maryland b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe Annapolis should Annapolis d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 4 Colonial Avenue YES NO K 2 NAME OF 4. DATE First Middle Month Day Yeor filled WILSON 4 1961 Roy DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys 9-8-04 Hours Male Colored WIDOWED TY DIVORCED [56 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. U.S.AL \$1000 MONTH | 1000 Lunenbury Co. Va. Construction-Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion Ada Wilson Ash Wilson 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address No Hospital files ottending 18. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO P mit. ony Conditions, if ony, which signed gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removal, PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificote os 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not white of work of work for 21. I certify that I attended the deceased from 19____that I lost sow the deceased detached ond that death occurred at \$7.6 olive an M, from the causes and an the date stated above. FUNERAL DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL should be PHYSICIAN'S registror 37 Calvert Street, Annapolis, Md. NAME (Type) Johnson. Theodore n 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Annapolis, Maryland 1-21-63 Hill Burnal Breser

ADDRESS

Annapadis, Md.

0 0 VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

C.E.Hicks 111

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CERTIFICATE OF DEATH

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~	1. PLACE OF DEATH	

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Rea. Dist. No

		000										
1.	PLACE OF DEATH o. COUNTY	Anne Aru	ndel	MARYI	- 1	o. STATE	aryla		lived. If institution b. COUNTY	Anne		
-	b. CITY OR TOWN (IF	outside corporate lim		c. LENGTH OF STAY	N 1b				ote limits, write R			
	RURAL and give ne	arest town)		F down)	P	HRAT.	- Ser	erna Pari	,		
-	d. NAME OF HOSPITA OR INSTITUTION		ive street	oddress)	A. A	d. STREET AC		- Devi	erna rar		e. 1S	RESIDENCE
		-						- 525			0	N A FARM?
1	nne Arunde						2, 00	x-525				
3.	NAME OF DECEASED (Type or print)	Paul	st	Middle	WO	CKENFUS	S	4. DATE OF DEATH	Apri	1	Doy 17	1961
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D 8. C	DATE OF BIRTH			 AGE (In years lost birthdoy) 		YEAR IF U	NDER 24 HRS.
	Male	White	WIDOW	ED XX DIVORCE	D A	pril 18	. 188		78 yrs.	Moilins	oys no	urs min.
10	o. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS O	RINDUSTRY	11. BIRTHPLA	CE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WI	HAT COUNTRY
	Plumber.	ing life, even if retired		overnment		Ge	rmany	-		1	J.S.A	
13	, FATHER'S NAME				1	4. MOTHER'S						
	Frederi	ck Wocken	fuss				Ur	knowr	1			
15				SOCIAL SECURITY NO.	17. INFO	RMANT			Add	ress		
(1		If yes, give wor or dates of		12 01 0165	Alb	ert E.	Wock	cenfus	35			
	18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (o), (b), ond (c).]				2				L BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	· K	, strip	A.4.	- n. Out	10 10				Tim	moderale
	4120	DUE TO		again,	ange	1			etic Thirt		30,7111	0
	Conditions, if or		n	1	10	//	100			100	50	1
9	gove rise to in	nmediate)_///	gacana	- cu	HALL -	cory	-				7
	couse (a), stating t	he under-	'A	10	de	110.	81	Dispose	0		10	read
CATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO	THE TERMII	NAL DISEASI	E CONDITION GIV	EN IN PART I	PE	AS AUTOPSY REFORMED?
		S LINDERLYING I	20h DES	CRIBE HOW INJURY OF	CCUPPED /	Enter nature of	injury in P	ort Lor Port	II of item 18.1			MAN HOLL
CERTIF	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	Job. DES	CANDE HOTT HAJORI OF	CCORRED. (Linds Holore of		,				
				NJURY OCCURRED	20- 014/5	OF INJURY (H	lone for	206 101	ns town)	10.	unty)	(Stote)
MEDICAL	Hour o. m.	Y Month, Doy, Ye	While	Not while	foctor	y, street, office	bldg., etc.)	Or lownj	(Co	uniy)	(21016)
M		19		rk ot work								
	21. I certify th	at I attended the	deceas	sed from Apri	1 12,	, 19.61	, to Ar	oril 1	7, 1961	that I la	st saw t	he decease
	alive an	April 17.	, 19						n the causes			
		// -1	11	7' 2 /	2				reet, city or town,			DATE SIGNE
	ACTUAL SIGNATURE	ukaret	1	flocke	May M.C	100	Cathe	edral	St.,			
L	PHYSICIAN'S NAME (Type)	Richard I.	Hoch	man		Anna	polis	, Md.				
2	O. BURIAL, CREMATIO	N. 22b. DATE THERE	OF	22c. NAME OF CEM	ETERY OR C	REMATORY		22d. LOCAT	TION (City, town,	or county)	((Stote)
	REMOVAL (Specify)	21 st. Apr	. (61	Glen Hav	en Ca	emetery		Glen	Burnie,	Mary:	land	
23	EUNERAL DIRECTOR			ADDRESS				BY REGIST		STRAR'S SIGN		2016
1.2	PO 18	Langlila	>	C1 D.	nnin	Mel	DATE DE	0 4 10	1	. 0 4	-	

may be retained by the haspen of attending physician.

S FUNERAL DIRECTOR: After was certificate has been signed by the attending physician and campletely filled in by the funeral directory page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

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